ENCOUNTER DATA

INTRODUCTION

Agenda

Modules for Today's 4-Hour Session
1. Introduction
2. Policy and Monitoring
3. Minimum Data Elements
4. Submission Requirements Guidance
5. Encounter Adjustments
6. Chart Review
7. Best Practices and Next Steps

*Question and answer periods are scheduled throughout the session

Learning Objectives for this Training

- Identify frequently used acronyms and the EDS process flow

- Describe technical requirements for encounter data submissions

- Identify resources available for encounter data

- Identify the types of encounter data submissions

- Review submission requirements to submit 837-P and 837-I encounters accurately

- Identify Encounter Data System Reports including the TA1, 999, 277CA, MAO-001, and MAO-002

How to Use Polling Feature

- At the end of each module, the poll will be made available for participants.

- The poll will appear on participants' screens with all of the questions for the module at once. The participant may answer the questions as the presentation progresses.

What is the weather outside at your location?

A. Sunny and bright

B. Cloudy

C. Rainy

D. I do not know

ENCOUNTER DATA

POLICY AND MONITORING

MODULE 2

Encounter Data Regulations

- 42 CFR Section 422.310(d)(1):
  - MA organizations must submit data, in accordance with CMS instructions, to characterize the context and purposes of items and services provided to their enrollees by a provider, supplier, physician, or other practitioner.
  - This includes comprehensive data equivalent to Medicare fee-for-service claims data (often referred to as encounter data) or data in abbreviated formats.

- Proposed Rule CMS-1607-P
  - CMS proposed a regulation, on May 15, 2014, to revise the existing regulation at 42 CFR Section 422.310 (f) to broaden the use of encounter data.

Health Plan Management System (HPMS)

All MAOs are required to gain access to HPMS
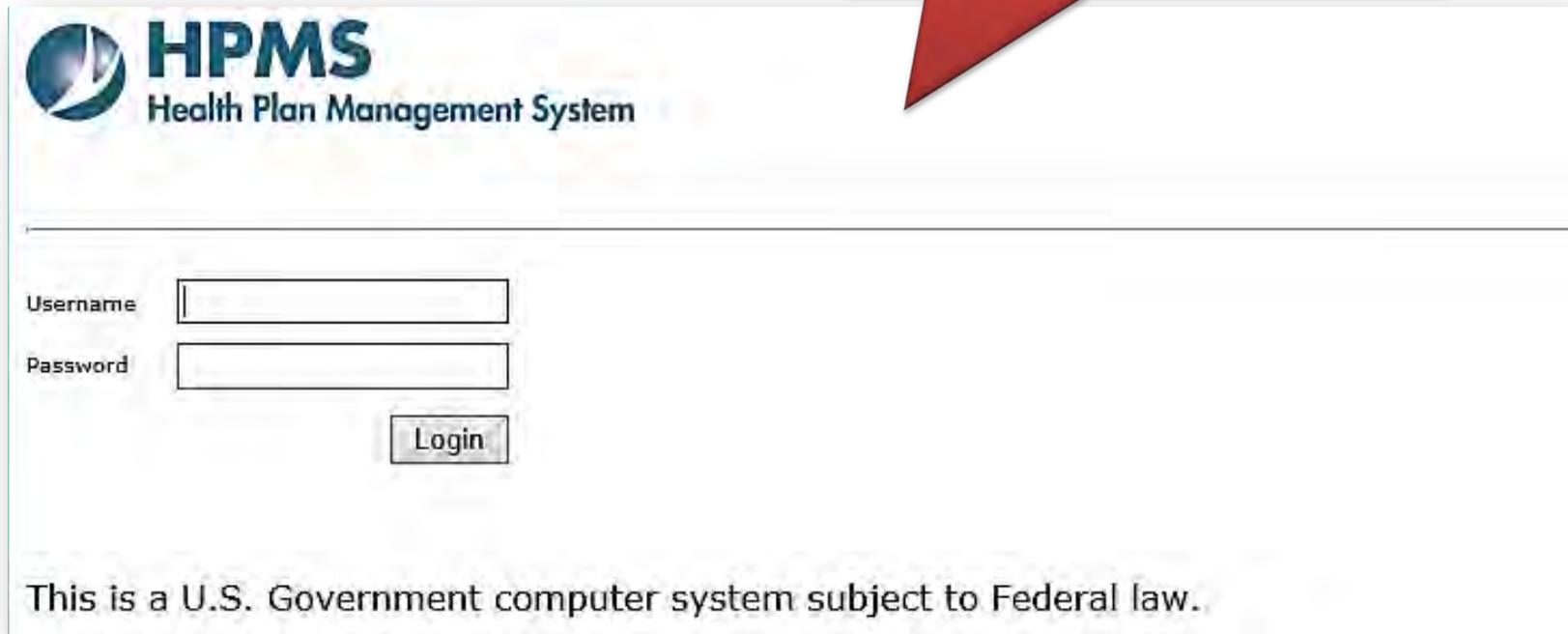
HPMS
Health Plan Management System

Username [   ]

Password [   ]

[Login]

This is a U.S. Government computer system subject to Federal law.

https://hpms.cms.gov

Health Plan Management System (HPMS)

EDS Monitoring

- CMS monitors encounter data submission for the following:

MAO is not certified to submit production data to the EDS.	**MAO is certified, but is not submitting production data.**	**MAO is certified and submitting production data, but not at the required submission frequency.**	**MAO is certified and submitting production data, but not at the expected volume.**

Timely Filing Deadlines

- MAOs must submit encounters to the EDS according to the following timely filing guidance:

Submission Type	Timely Filing Deadline
Full (Original) Encounters	Full encounters must be received within 13 months and one (1) day (396 days) of the original encounter's "Through" date of service (DOS).
Adjustment Encounters	Encounters must be received within 30 days of the adjudication date.
All Encounters	Timely filing is validated based on the encounter's "Through" DOS.

Submission Frequency

- CMS requires MAOs to submit encounters based on enrollment size.

Number of Medicare Enrollees	Minimum Submission Frequency
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly
Less than 50,000	Monthly

Submission Format

- Standards require the collection and submission of all encounter data in the appropriate ANSI X12 5010 format.

- Every diagnosis on an encounter submission that is used for risk adjustment must be supportable by a medical record.

EDS Diagnoses for Risk Score Calculation

- For 2014 DOS, CMS will use diagnoses from the EDS, in addition to diagnoses submitted to the Risk Adjustment Processing System (RAPS), to calculate risk scores for payment year (PY) 2015.

- Valid diagnoses from RAPS, Fee-for-Service (FFS), and EDS will be used in equal measures with no weighting.

E-Codes and Manifestation Codes

- Chart review encounters submitted for the inclusion of E-codes and/or Manifestation codes must be linked to a previously submitted and accepted full encounter.

- Chart review encounter submissions containing E-codes and/or Manifestation codes must also include the primary diagnosis identified on the original linked encounter; otherwise, the EDS will reject the encounter.

Retroactive Enrollment

- The EDS will accept encounters with valid retroactive enrollment dates.

- CMS will provide updates and guidance as information becomes available.

ZIP Code + 4 Default Value

- All ZIP code fields must be populated with:

- '9998' must be populated as the + 4 default value when the true ZIP code + 4 value is unavailable.

Polling Question

An encounter for Sandra White was submitted to the EDS with a DOS of 12/01/2012. An adjustment for that encounter was received by the MAO on 3/15/2013. What is the latest date the adjustment encounter can be submitted to the EDS for processing?

A. ☐ 12/01/2014

B. ☐ 3/31/2013

C. ☑ 4/15/2013

D. ☐ 12/31/2013

Submit the adjustment by 04/15/2013.

Questions & Answers

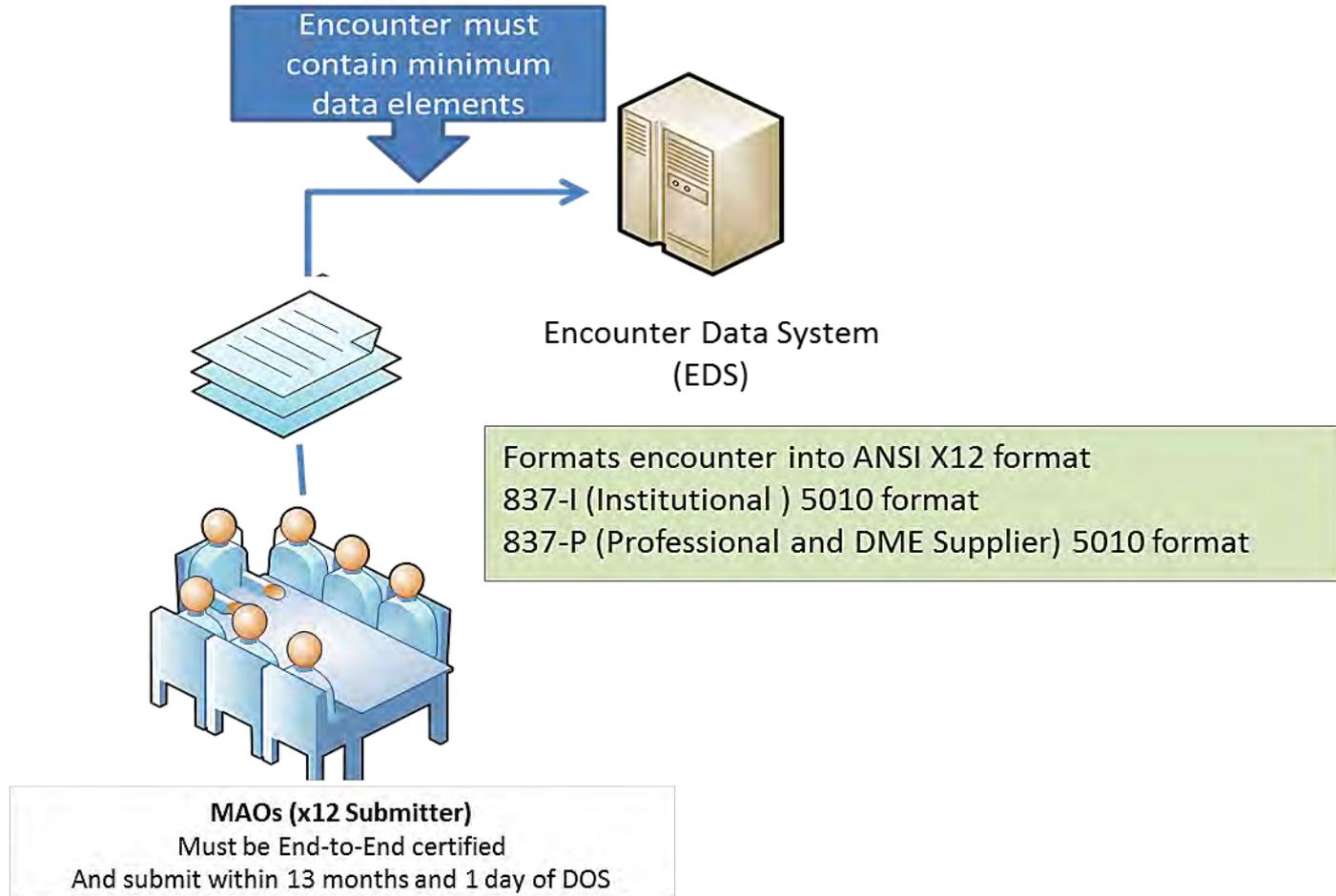**Your Questions are Important!**
Thank You!

ENCOUNTER DATA

MINIMUM DATA ELEMENTS
MODULE 3

Minimum Data Elements

Encounter must contain minimum data elements

Encounter Data System (EDS)

Formats encounter into ANSI X12 format
837-I (Institutional) 5010 format
837-P (Professional and DME Supplier) 5010 format

MAOs (x12 Submitter)
Must be End-to-End certified
And submit within 13 months and 1 day of DOS

The CSSC Minimum Data Elements document is located at:
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operation
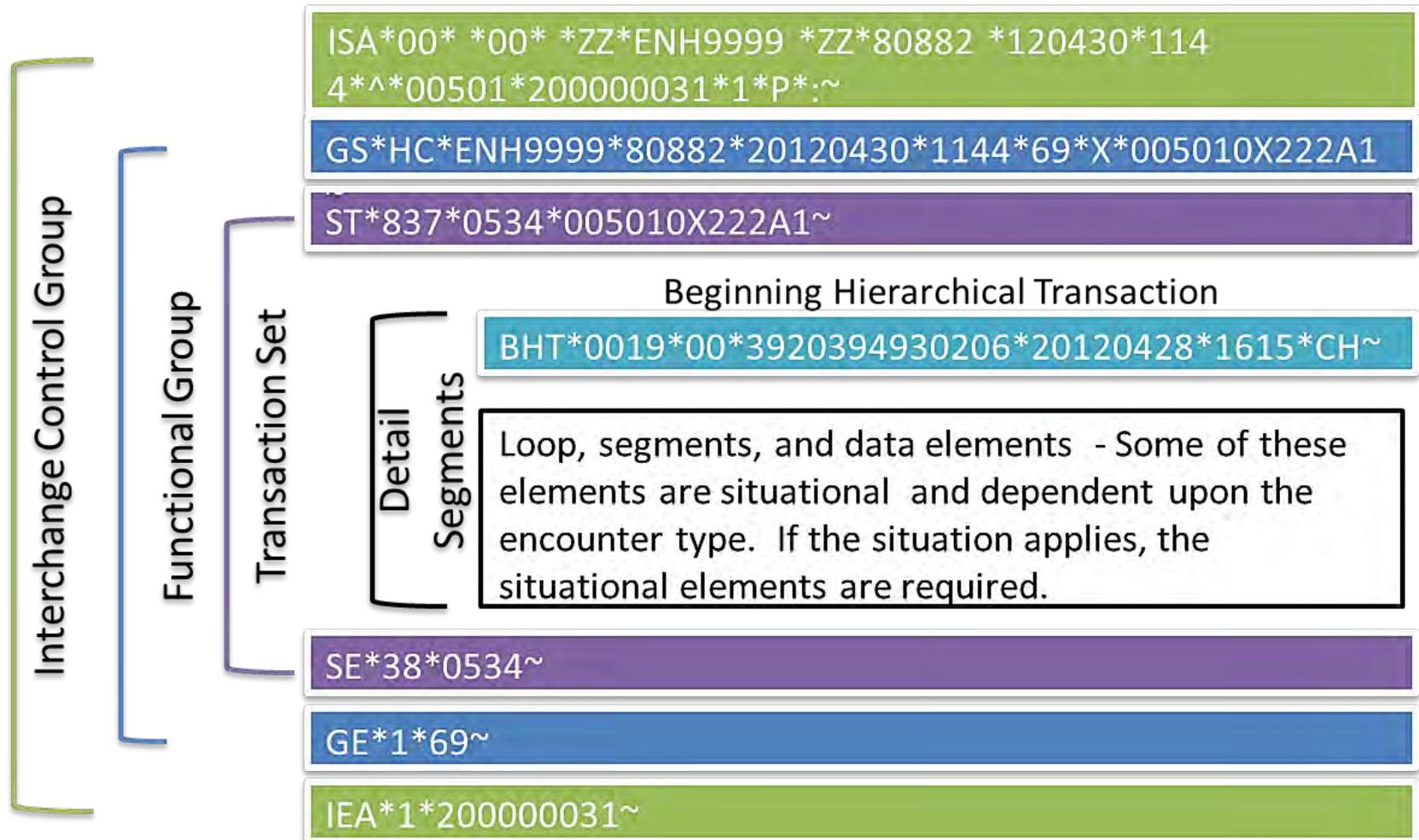s~Encounter%20Data~Resources?open&expand=1&navmenu=Encounter^Data||

Minimum Data Elements (cont'd)

- Minimum data elements include file header and trailer level data elements.

Minimum Data File Header and Trailer Elements

REFERENCE	REFERENCE DESCRIPTION
ISA01 – ISA16	Interchange Control Header
GS01 – GS08	Functional Group Header
ST01 – ST03	Transaction Set Header
BHT01 – BHT06	Beginning of Hierarchical Transaction
SE01 – SE02	Transaction Set Trailer
GE01 – GE02	Functional Group Trailer
IEA01 – IEA02	Interchange Control Trailer

Overview of File Structure

Interchange Control Group

Functional Group

Transaction Set

Detail Segments

ISA*00* *00* *ZZ*ENH9999 *ZZ*80882 *120430*114
4*^*00501*200000031*1*P*:~

GS*HC*ENH9999*80882*20120430*1144*69*X*005010X222A1

ST*837*0534*005010X222A1~

Beginning Hierarchical Transaction

BHT*0019*00*3920394930206*20120428*1615*CH~

Loop, segments, and data elements - Some of these
elements are situational and dependent upon the
encounter type. If the situation applies, the
situational elements are required.

SE*38*0534~

GE*1*69~

IEA*1*200000031~

Minimum Data Elements Highlights

- Within the list of minimum data elements, there are elements that are required for all 837 encounter submissions to highlight. These elements include:
    - National Provider Identifier (NPI)
    - Place of Service Code (Professional)
    - Type of Bill (TOB) (Institutional)
    - Diagnosis Code
    - Revenue Code (Institutional)
    - Procedure Code
    - PWK Segments

National Provider Identifier (NPI)

- The NPI is a ten (10)-digit, intelligence-free, unique numeric identifier and must be used in lieu of legacy provider identifiers.

- The EDS requires the use of a valid NPI for submission and processing.

NPI (cont'd)

Loop 2010AA – Billing Provider Information

NM1*85*1*SMITH*ELIZABETH*A**MD*XX***12999999999**~

N3*123 CENTRAL DRIVE~

N4*NORFOLK*VA*235139999~

REF*EI*344232321~

PER*IC*BETTY SMITH*TE*9195551111~

NM109 – National Provider Identifier (NPI)

NPI (cont'd)

Loop 2010BB – Payer Information

NM1*PR*2*EDSCMS*****PI*80882~

N3*7500 SECURITY BLVD~

N4*BALTIMORE*MD*212441850~

REF*2U*H9999~

NM109 – Payer
Identification
(EDSCMS)

Temporary Default NPI

- Established for encounter data submission.

- Should only be used in the instance that the provider has not been assigned an NPI.

SYSTEM	PAYER ID	DEFAULT NPI VALUE
Institutional	80881	1999999976
Professional	80882	1999999984
DME	80887	1999999992

Note: A valid/true Employer Identification Number must be used for encounters.

Place of Service (POS) Code

- A POS code is a two (2)-digit code used to identify the setting in which a service(s) was rendered for Professional encounters.

Loop 2300- Claim Information

CLM*12345656*500****11:B:1*Y*A*P*I~

CLM05 – Health Care Service Location Information
11 = Office

The National POS document is located at:
https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

Type of Bill (TOB)

- A Type of Bill (TOB) is a three (3)-digit code used to identify the type of facility and the type of care rendered for Institutional encounters.

Loop 2300- Claim Information

CLM*12345656*500***11:A:1*Y*A*Y*I~

CLM05 – Health Care Service
Location Information
TOB 11X = Hospital Inpatient

Diagnosis Codes

- Diagnosis codes are used to classify diseases and associated or external causes of injury or disease.

- Per the Official ICD-9 CM Guidelines for Coding and Reporting:

  - A three (3)-digit code is to be used only if it is not further subdivided.

  - Where fourth-digit subcategories and/or fifth-digit sub-classifications are provided, they must be assigned.

  - A code is invalid if it has not been coded to the full number of digits required for that code.

Diagnosis codes can be found at:
http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html

Revenue Codes

- A Revenue Code is a three (3)-digit code used for Institutional encounters to identify billing information for the service(s) rendered.

- Revenue Codes impact how the EDS processes encounters.

- All Revenue Codes must be accompanied by a valid procedure code.

Revenue Codes (cont'd)

Loop 2400 – Service Line Information

LX*1~

SV2***0305*****HC:85025***712.00*UN*1~

DTP*472*D8*20120330~

SV202-2 - Procedure Code

SV201 - Service Line Revenue Code

Procedure Codes

- Procedure codes are required for submission of all encounter types to ensure that procedures and services are processed and analyzed accurately.

- Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes are used to report medical procedures and services rendered by physicians and organizations.

Procedure Codes (cont'd)

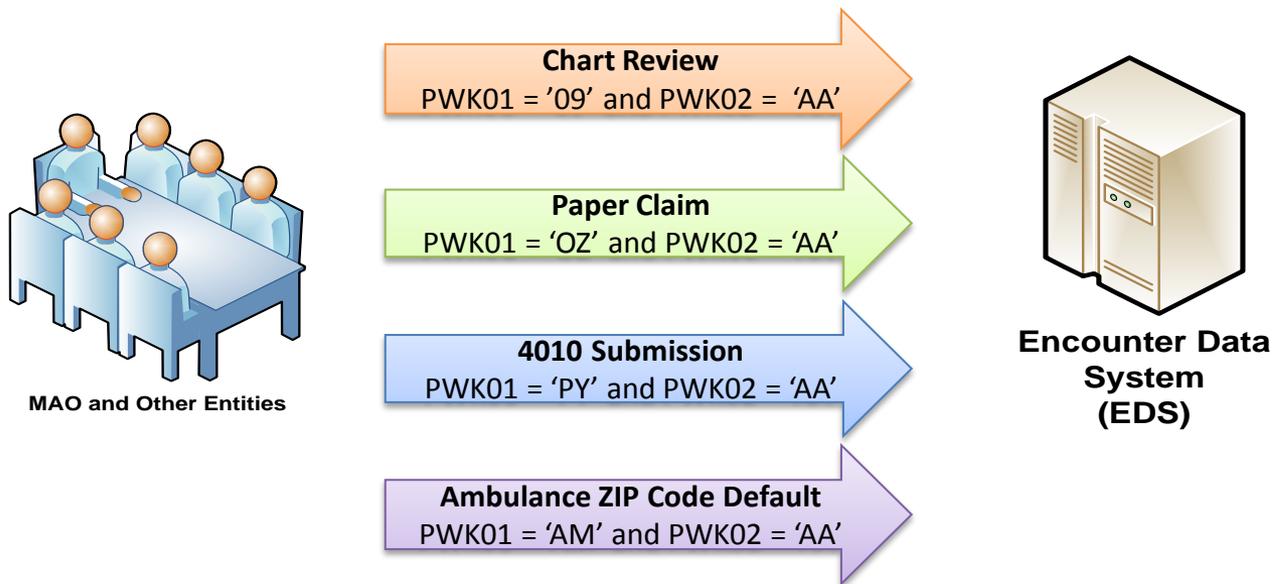**Loop 2400 – Service Line Information**

LX*1~
SV2*0305*HC:85025*712.00*UN*1~
DTP*472*D8*20120330~

SV202-1 - Product/Service ID Qualifier
HC = HCPCS Code
HP = HIPPS Code

SV202-2 - Procedure Code

Special Considerations - PWK Segments

- For EDS purposes, the Loop 2300 PWK segment is populated to identify an encounter submission with special considerations.

- MAOs should use the PWK segment only in the following situations:

MAO and Other Entities

Chart Review
PWK01 = '09' and PWK02 = 'AA'

Paper Claim
PWK01 = 'OZ' and PWK02 = 'AA'

4010 Submission
PWK01 = 'PY' and PWK02 = 'AA'

Ambulance ZIP Code Default
PWK01 = 'AM' and PWK02 = 'AA'

Encounter Data System (EDS)

Which colored segment is an accurate Professional default NPI?

A. ☐ N4*NORFOLK*VA*235139999~
REF*EI*344232321~

B. ☑ NM1*85*1*SMITH*ELIZABETH*A**MD*XX*1999999984~
N3*123 CENTRAL DRIVE~

C. ☐ PER*IC*BETTY SMITH*TE*9195551111~

Questions & Answers
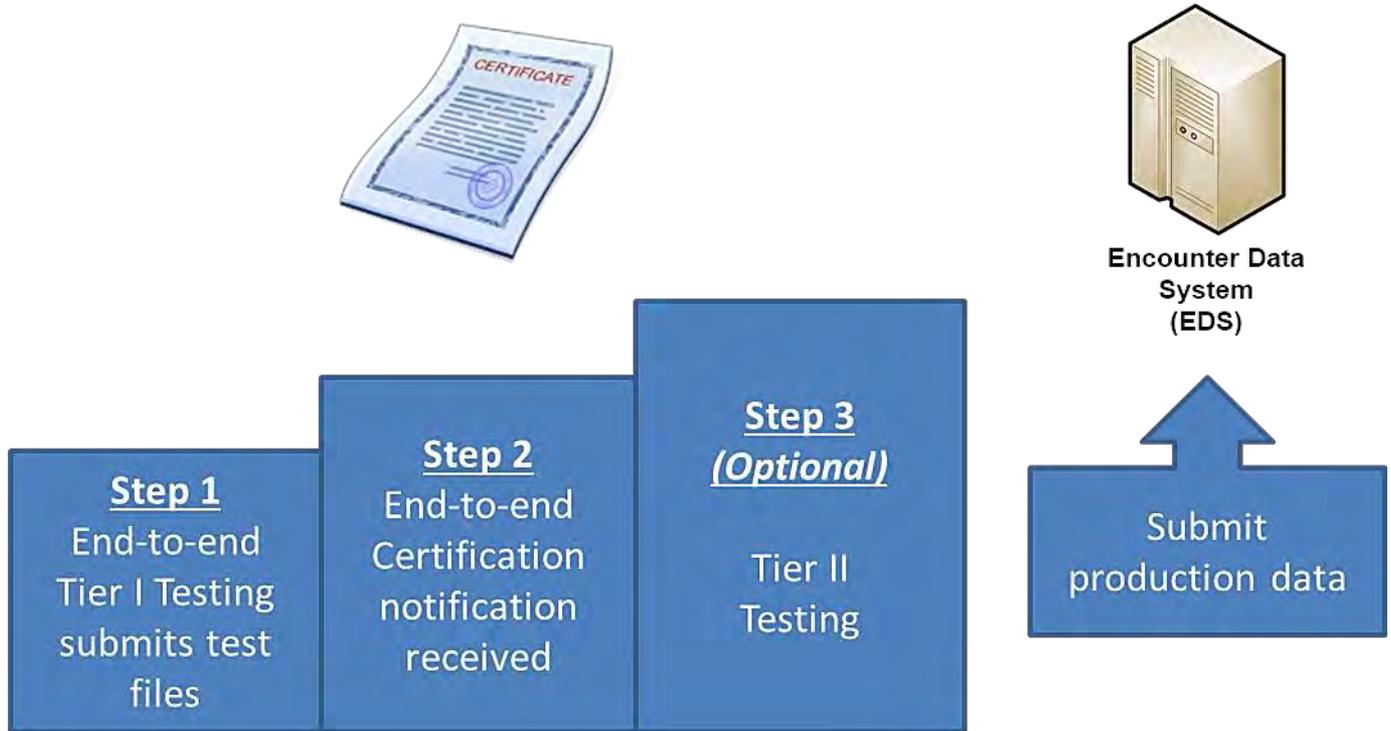

Your Questions are Important!
Thank You!

ENCOUNTER DATA

SUBMISSION REQUIREMENTS
MODULE 4

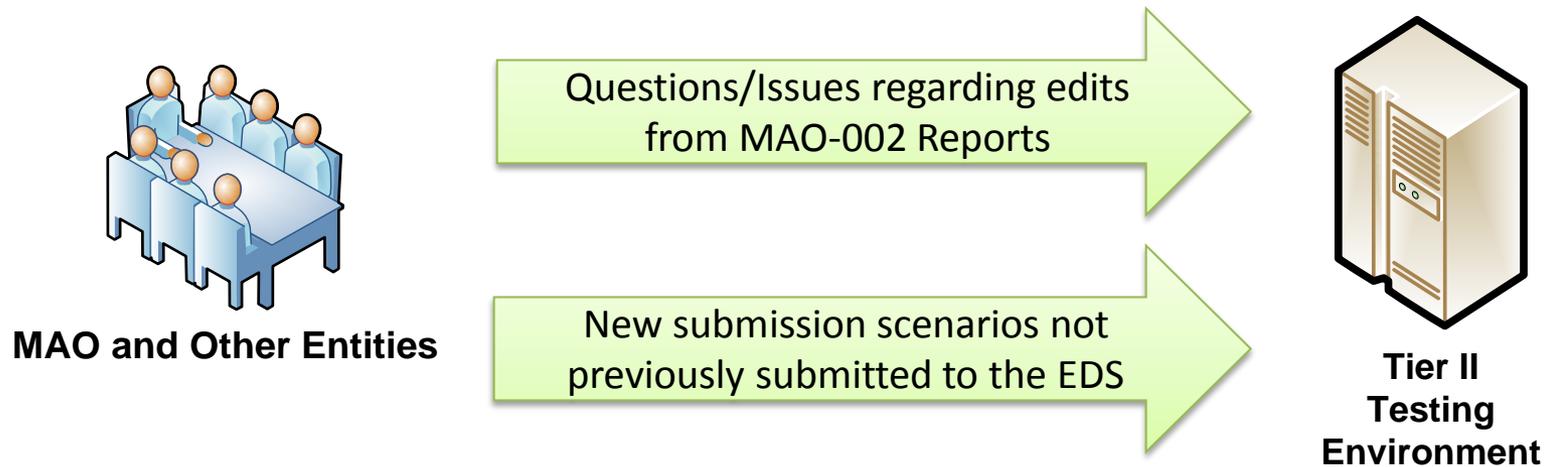# End-to-End Certification Requirements

MAOs and Other Entities

Step 1
End-to-end Tier I Testing submits test files

Step 2
End-to-end Certification notification received

Step 3 (Optional)

Tier II Testing

Submit production data

Encounter Data System (EDS)

2014 Test Case Specifications

- MAOs and PACE organizations can utilize the 2014 Test Case Specifications to achieve End-to-End certification.

  - A 95% acceptance rate is required for test data.

- The 2014 Test Case Specifications are located on the CSSC Operations website at: http://www.csscoperations.com at the "ED Testing" link.

Optional Testing

- A Tier II testing environment is available for the submission of test data prior to the submission of production data.

- MAOs that have obtained end-to-end certification may submit Tier II testing data.

Optional Testing (cont'd)

- Tier II test data must comply with guidance provided in the TR3, CMS Edits Spreadsheets, and the EDS Companion Guides.

MAO and Other Entities

Questions/Issues regarding edits from MAO-002 Reports

New submission scenarios not previously submitted to the EDS

Tier II Testing Environment

File Limitations

- MAOs must ensure that encounter submissions meet, and do not exceed, certain thresholds for ST/SE transaction sets.

Professional Submission

CONNECTIVITY	MAXIMUM NUMBER OF ENCOUNTERS	MAXIMUM NUMBER ENCOUNTERS PER ST/SE
FTP/NDM	85,000	5,000
Gentran/TIBCO	5,000	5,000

Institutional Submission

CONNECTIVITY	MAXIMUM NUMBER OF ENCOUNTERS	MAXIMUM NUMBER ENCOUNTERS PER ST/SE
All Methods	5,000	5,000

Part B Drugs

- Drug data may be received from Pharmacy Benefit Managers (PBM) in the National Council for Prescription Drug Programs NCPDP D.0 format, which is not compatible with the 837.

- MAOs should only submit Medicare Part B drug data that can be processed for encounter data submission in the 837-P (Professional) format.

- Although the submission of NDCs is not required, MAOs are encouraged to submit this data when it is available.

Part B Drugs

- If an NDC is submitted, the quantity and unit of measure (UOM) code must be populated in Loop 2410, CTP.

Loop 2400 – Service Line Information

SV1*HC:J1550*53.37*UN*1*11**1~

Appropriate HCPCS Code for NDC

Loop 2410 – Drug Identification

LIN**N4*00026063512~
CTP***19.99*10*ML~

Drug Identification (NDC)

Drug Quantity

Unit of Measure
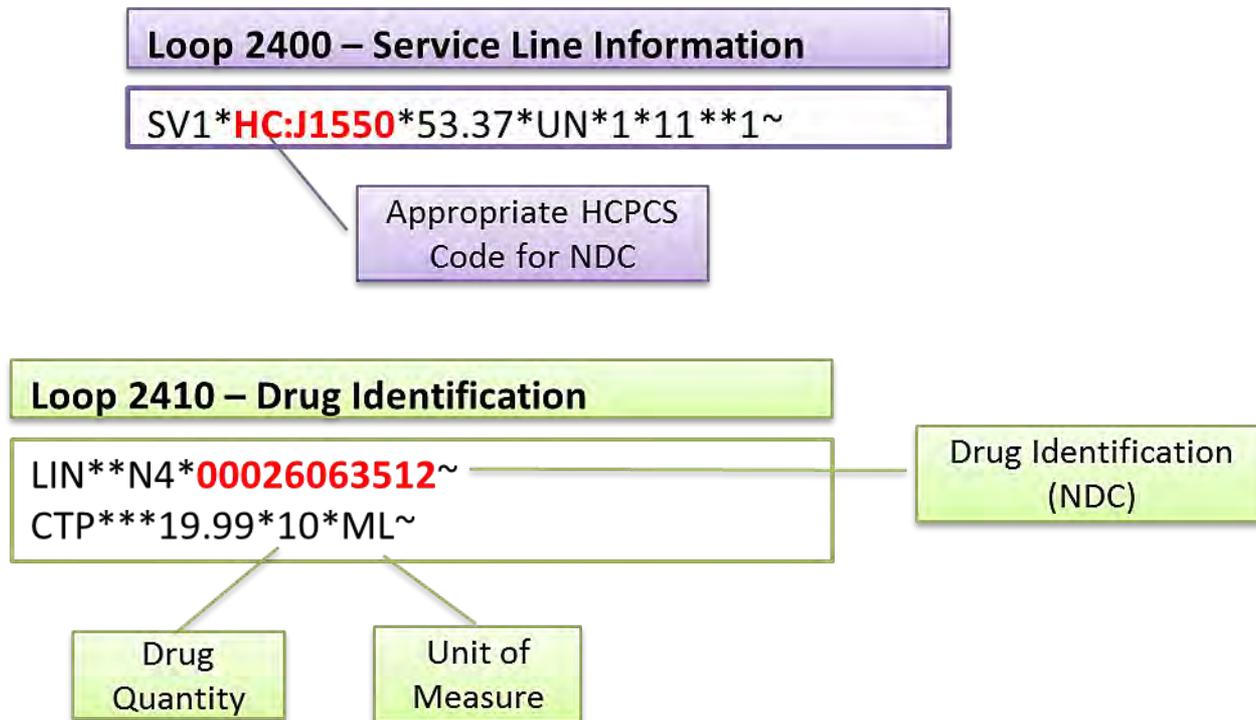
- The prescription number in Loop 2410 REF02 must also be populated when the drug is administered by prescription.

HIPPS Codes for Skilled Nursing Facilities (SNF) and Home Health Agency (HH) Encounters

- Health Insurance Prospective Payment System (HIPPS) codes must be submitted for SNF (Revenue Code 0022) and HHA (Revenue Code 0023) encounters with a 'From' DOS on or after July 1, 2014.

- For SNF encounters: At a minimum, the HIPPS code is based on the initial Omnibus Budget Reconciliation Act (OBRA)-required Comprehensive Admission Assessment.

- For HHA encounters: At a minimum, the HIPPS code is based on the Outcome and Assessment Information Set (OASIS) Start of Care Assessment.

- MAOs are encouraged to submit HIPPS codes from other completed assessments, especially if they do not have information from the initial assessment.

Error Code 22390 - HIPPS Code Required for SNF/HH

- The EDPS will reject an encounter and generate Error Code 22390 - HIPPS Code Required for SNF/HH when:

Skilled Nursing Facility (SNF)

- TOB = 18X or 21X
- Claim From DOS is equal to or greater than 07/01/2014
- Revenue Code = 0022
- A SNF HIPPS Code is not present

Loop 2300 – Claim Information

```
CLM*123456789*150.00***18:A:1*Y*A*Y*I~
DTP*096*TM*0958~
DTP*434*RD8*20140811-20140814~
```

Loop 2400 – Service Line Information

```
SV2*0022*HP:XXXXX*23*UN*1~
```

OR

Home Health (HH)

- TOB = 32X
- Claim From DOS is equal to or greater than 07/01/2014
- Revenue Code = 0023
- A HH HIPPS Code is not present

Loop 2300 – Claim Information

```
CLM*123456789*150.00***32:A:1*Y*A*Y*I~
DTP*096*TM*0958~
DTP*434*RD8*20140811-20140814~
```

Loop 2400 – Service Line Information

```
SV2*0023*HP:XXXXX*23*UN*1~
```

Error Code 22395 - HIPPS Code Conflicts with Revenue Code

- The EDPS will reject an encounter and generate Error Code 22395 - HIPPS Code Conflicts with Revenue Code when:

Skilled Nursing Facility (SNF)
TOB = 18X or 21X Claim From DOS is equal to or greater than 07/01/2014 Revenue Code = 0022 HIPPS Code is not valid for encounter type

Loop 2300 – Claim Information

```
CLM*123456789*150.00***18:A:1*Y*A*Y*I~
DTP*096*TM*0958~
DTP*434*RD8*20140811-20140814~
```

Loop 2400 – Service Line Information

```
SV2*0022*HP:A1234*23*UN*1~
```

OR

Home Health (HH)
• TOB = 32X • Claim From DOS is equal to or greater than 07/01/2014 • Revenue Code = 0023 • HH HIPPS Code is not valid for encounter type

Loop 2300 – Claim Information

```
CLM*123456789*150.00***32:A:1*Y*A*Y*I~
DTP*096*TM*0958~
DTP*434*RD8*20140811-20140814~
```

Loop 2400 – Service Line Information
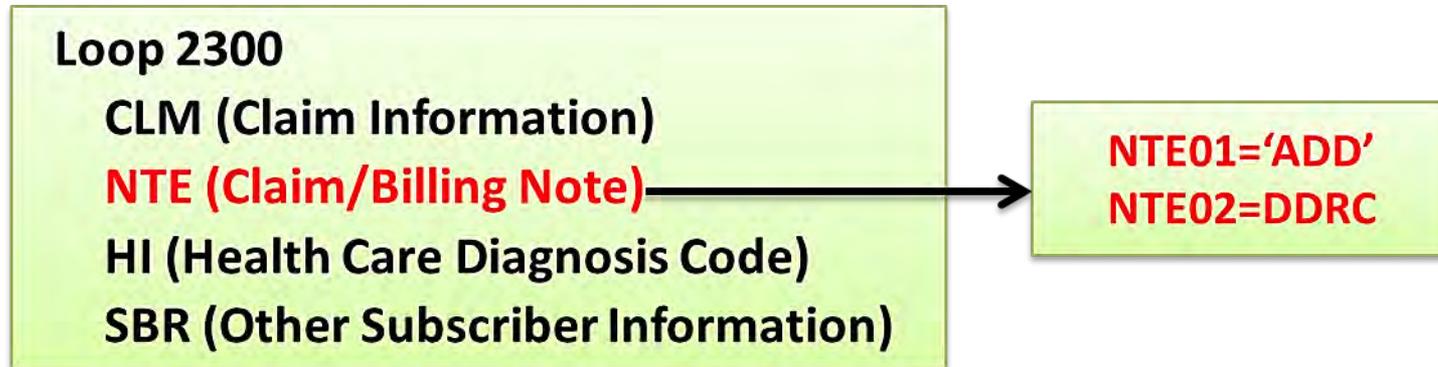
```
SV2*0023*HP:A1234*23*UN*1~
```

Error Code 22400 - HP Qualifier Must Exist for HIPPS Code

- The EDPS will reject an encounter and generate Error Code 22400 - HP Qualifier Must Exist for HIPPS Code when:

Skilled Nursing Facility (SNF)	Home Health (HH)
TOB = 18X or 21X Claim From DOS is equal to or greater than 07/01/2014 Revenue Code = 0022 HIPPS qualifier 'HP' is not present	• TOB = 32X • Claim From DOS is equal to or greater than 07/01/2014 • Revenue Code = 0023 • HIPPS qualifier 'HP' is not present

OR

Loop 2300 – Claim Information

```
CLM*123456789*150.00***18:A:1*Y*A*Y*I~
DTP*096*TM*0958~
DTP*434*RD8*20140811-20140814~
```

Loop 2400 – Service Line Information

```
SV2*0022*HC:XXXXX*23*UN*1~
```

Loop 2300 – Claim Information

```
CLM*123456789*150.00***32:A:1*Y*A*Y*I~
DTP*096*TM*0958~
DTP*434*RD8*20140811-20140814~
```

Loop 2400 – Service Line Information

```
SV2*0023*HC:XXXXX*23*UN*1~
```

Default Data Information

DEFAULT DATA	DEFAULT DATA MESSAGE (NTE02)	DEFAULT DATA REASON CODE
Rejected Line Extraction	REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION	036
Medicaid Service Line Extraction	MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION	040
EDS Acceptable Anesthesia Modifier	MODIFIER CLAIM CHANGE DUE TO EDS ACCEPTABLE ANESTHESIA MODIFIER	044
Default NPI for Atypical, Paper, and 4010 Claims	NO NPI ON PROVIDER CLAIM	048
Default EIN for Atypical Providers	NO EIN ON PROVIDER CLAIM	052
Chart Review Default Procedure Codes	DEFAULT PROCEDURE CODES INCLUDED IN CHART REVIEW	056
True COB Default Adjudication Date	DEFAULT TRUE COB PAYMENT ADJUDICATION DATE	060

Multiple Default Data

- For submission of multiple default data reason codes (DDRCs), MAOs must populate Loop 2300 NTE01 = 'ADD' and NTE02 with the appropriate three (3)-digit DDRC.

Loop 2300
- CLM (Claim Information)
- NTE (Claim/Billing Note) → NTE01='ADD' NTE02=DDRC
- HI (Health Care Diagnosis Code)
- SBR (Other Subscriber Information)

Multiple Default Data Example

- Populate multiple DDRCs in a stringed sequence with no separators (i.e., 036040048).

036 - REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION

048 - NO NPI ON PROVIDER CLAIM

CLM*2997677856479709654A*0.00***11:B:1*Y*A*Y*Y~
NTE*ADD*036040048~
HI*BK:4475~
SBR*P*18*XYZ134567******16~

Use DDRC in the NTE02 if there is no provider information already populated.

040 - MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION

True Coordination of Benefits (COB) Adjudication Data

- Loop 2430 DTP*573 may be populated with the MAO's receipt date minus one (1) day as the default primary payer adjudication date, **only** in the instance that the primary payer adjudication date is not available.

Loop 2430 – Other Payer Information

```
SVD*H9999*100.50*HC:81099*0300*1~
CAS*CO*24*-100.50~
DTP*573*D8*20130821~
```

MAO or other entity received claim on 08/22/2013
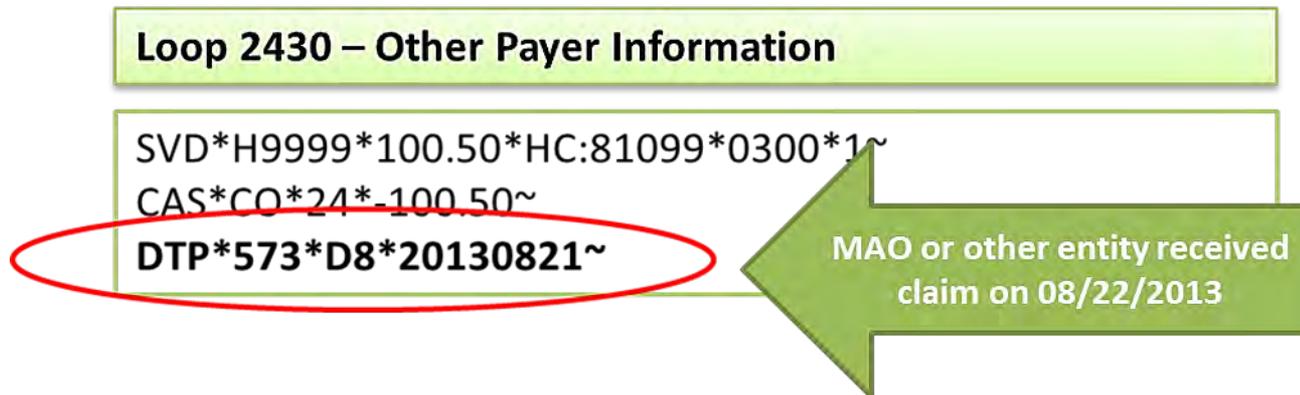
Duplicate Logic

EDPPPS Duplicate Logic

- HICN
- Last Name
- Date of Service
- Place of Service
- Type of Service (*derived from data captured on the 837-P*)
- Procedure Code(s) +(4) modifiers
- Rendering Provider NPI
- Paid Amount
- Charge (Billed) Amount

EDIPPS Duplicate Logic

- HICN
- Last Name
- Date of Service
- Type of Bill
- Revenue Code(s)
- Billing Provider NPI
- Paid Amount
- Charge (Billed) Amount

Polling Question

Skilled Nursing Facilities should populate HIPPS codes on which Revenue Code service line?

A. ☐ Revenue Code 0023 service line

B. ☐ Revenue Code 0012 service line

C. ☑ Revenue Code 0022 service line

D. ☐ None of the above

Polling Question

This code maps to the default data message in the EDS and must be used when the MAO submits encounter data that differs from the adjudicated provider claim.

A. ✅ Default Data Reason Code (DDRC)

B. ☐ Revenue Code

C. ☐ HIPPS Code

D. ☐ All of the Above

Questions & Answers

Your Questions are Important!
Thank You!

BREAK

ENCOUNTER DATA
2014 NATIONAL TECHNICAL ASSISTANCE

ENCOUNTER DATA

ENCOUNTER ADJUSTMENTS
MODULE 5

Encounter Adjustments Overview

- Encounter adjustments should be submitted to the EDS to correct errors received on MAO-002 Reports or to correct errors identified in previously submitted and accepted encounter data.

- All rejected encounters must be resubmitted after they have been corrected and adjudicated through the MAO's internal system.

Encounter Adjustments Overview

- If an original claim and an adjustment claim are received prior to adjudication, the adjustment claim may be submitted as the original encounter to the EDS.

- If an original claim is received, adjudicated, and submitted prior to the receipt of any subsequent adjustment encounters, all subsequent adjustment encounters should be adjudicated and submitted to the EDS.

Encounter Adjustments Process Flow Example
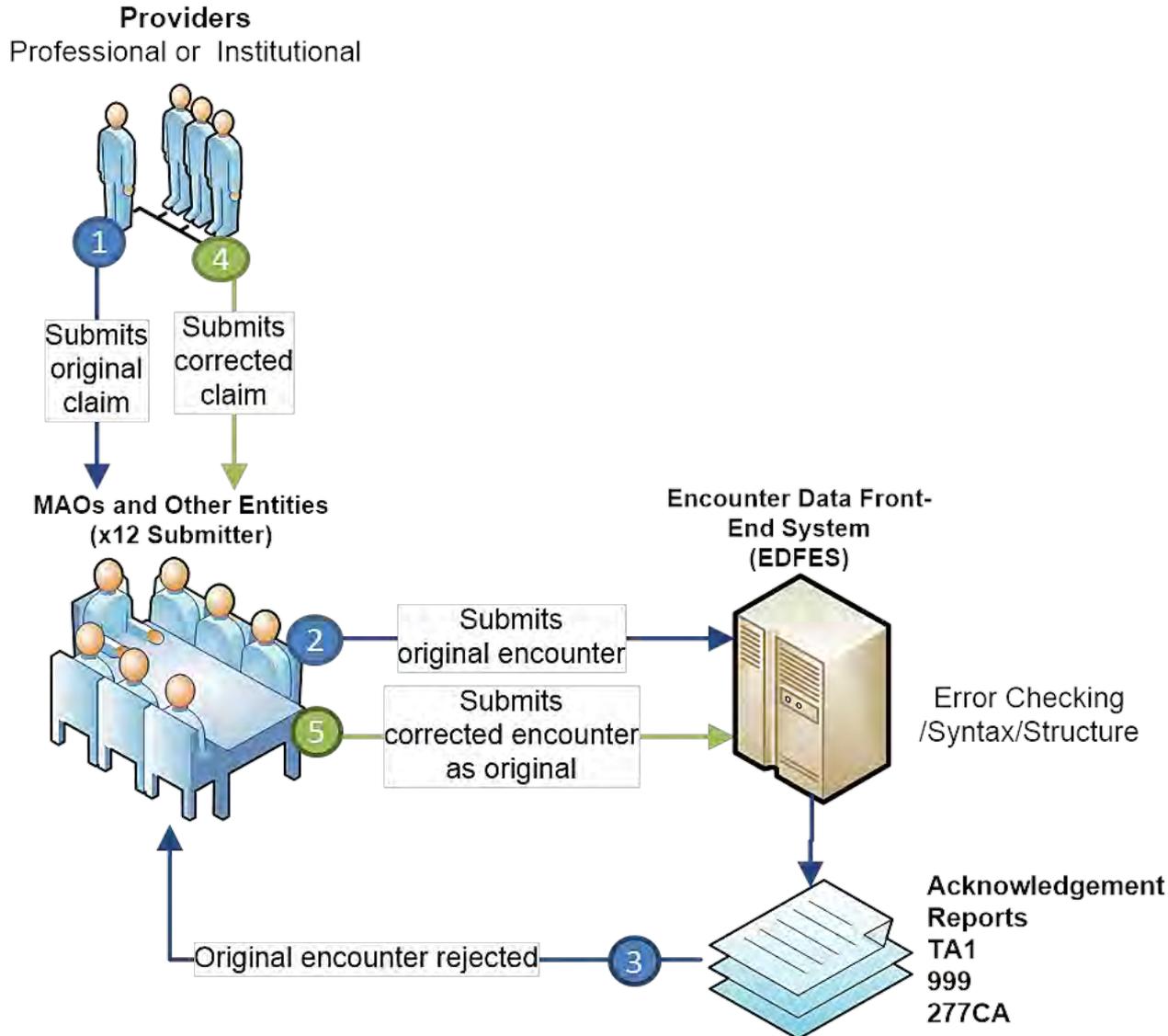
Correct/Replace Adjustments

- Correct/replace encounters are submitted when a previously submitted, accepted, and stored encounter contains incorrect data or requires additional data.

- When submitting a correct/replace encounter, MAOs must use the ICN of the previously submitted encounter that requires correction.

  – MAOs should use the ICN of the most recent encounter submission for the same service information.

Correct/Replace Processing Logic

- The EDPS processes correct/replace encounters by validating that the appropriate correct/replace indicators are present:
  - CLM05-3 ='7'
  - REF01='F8'
  - REF02=ICN of previous accepted encounter
- The EDPS processes the correct/replace encounter, flags the previously accepted encounter as "inactive," and the correct/replace encounter as "active."

Correct/Replace Adjustment Example

MAO submits original encounter:
Loop 2300, CLM05-3='1'

CLM*2997677856479709654A*100.50***11:B:**1***Y*A*Y*Y~

MAO-002 generates ICN = 1216400037281

CLM05-3 = '1'
1=Original claim submission

MAO submits correct/replace encounter:
Loop 2300 – Claim Information

CLM05-3 = '7'
7=Correct/Replace

CLM*2997677856479709654A*100.50***11:B:**7***Y*A*Y*Y~
REF***F8*****1216400037281**~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~

Includes original ICN – MAO-002 generates new ICN = 1229840038002

REF01 = 'F8'

REF02 = ICN of previously accepted encounter

Subsequent Correct/Replace Encounters

MAO submits original encounter:
Loop 2300, CLM05-3='1'

CLM*29976778564797709654A*100.50***11:B:1*Y*A*Y*Y~

MAO-002 generates ICN = 1216400037281

MAO submits correct/replace using original ICN:
Loop 2300, REF01='F8', REF02=1216400037281

CLM*29976778564797709654A*100.50***11:B:7*Y*A*Y*Y~
REF*F8*1216400037281~

Includes original ICN – MAO-002 generates new ICN = 1229840038002

MAO submits another correct/replace using previous correct/replace ICN:
Loop 2300, REF01='F8', REF02=1229840038002

CLM*29976778564797709654A*100.50***11:B:7*Y*A*Y*Y~
REF*F8*1229840038002~

Includes ICN for previous correct/replace encounter – MAO-002 generates new ICN

Void/Delete Adjustment

- Void/delete encounters will supersede previously accepted encounters and be stored in the Encounter Operational Data Store (EODS) and flagged with a status of 'inactive'.

- To identify a void/delete encounter, the following fields must be populated during encounter submission:

    - Loop 2300
        - CLM05-3 = '8'
        - REF01 = 'F8'
        - REF02 = ICN of the previously accepted encounter

Void/Delete Adjustment Example

MAO submits original encounter:
Loop 2300, CLM05-3='1'

CLM*29976778564797096 54A*100.50***11:B:**1***Y*A*Y*Y~

MAO-002 generates ICN = 1216400037281

CLM05-3 = '1'
1=Original encounter submission

MAO submits void/delete encounter:
Loop 2300 – Claim Information

Includes original ICN – MAO-002 generates new ICN = 1229840038002

CLM*29976778564797096 54A*100.50***11:B:**8***Y*A*Y*Y~
REF***F8*****1216400037281**~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~

REF01 = 'F8'

CLM05-3 = '8'
8 = Void/Delete

REF02 = ICN of previously accepted encounter

Void/Delete Processing Logic

- If the void/delete encounter is not submitted correctly, the EDPS will generate one of the following error codes on the MAO-002 Report:
  - 00265 - Correct/Replace or Void ICN Not in EODS
  - 00699 - Void Must Match Original
  - 00755 - Void Encounter Already Voided
  - 00762 - Unable to Void Rejected Encounter
  - 00764 - Original Must Be a Chart Review to Void

Polling Question

Happy Health Plan intends to submit a correct/replace encounter to the EDS. How should Happy Health Plan populate the CLM05-3 and REF01 segments?

Loop 2300 – Claim Information

CLM*29976778564797096 54A*100.50***11:B:X*Y*A*Y*Y~
REF*XX**1212278567098~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~

A. ☐ CLM05-3 = '1' and REF01 = 'F8'

B. ☐ CLM05-3 = '5' and REF01 = 'F8'

C. ✔ CLM05-3 = '7' and REF01 = 'F8'

D. ☐ CLM05-3 = '8' and REF01 = 'F8'

Questions & Answers

Your Questions are Important!
Thank You!

ENCOUNTER DATA

CHART REVIEW

MODULE 6

Chart Review Overview

- Chart review encounters must be submitted using at least the Minimum Data Elements.

- All chart review encounter data must be from an appropriate provider "specialty," from an allowed provider type (inpatient, outpatient, physician), and submitted to the EDS within 25 months of the data collection period.

Linked and Unlinked Chart Review

- Linked Chart Review – defines an encounter that is linked or referenced by the ICN assigned to a previously submitted and accepted encounter.

- Unlinked Chart Review – defines an encounter that is not linked to a previously submitted and accepted encounter.

Chart Review Submission

- Chart review encounters may be submitted for the following reasons:

MAOs and Other Entities

Add Diagnosis

Delete Diagnosis

Add/ Delete Diagnosis in a Single Chart Review Encounter

Correct/Replace a Previously Submitted Chart Review Encounter

Void/Delete a Previously Submitted Chart Review Encounter

Encounter Data System (EDS)
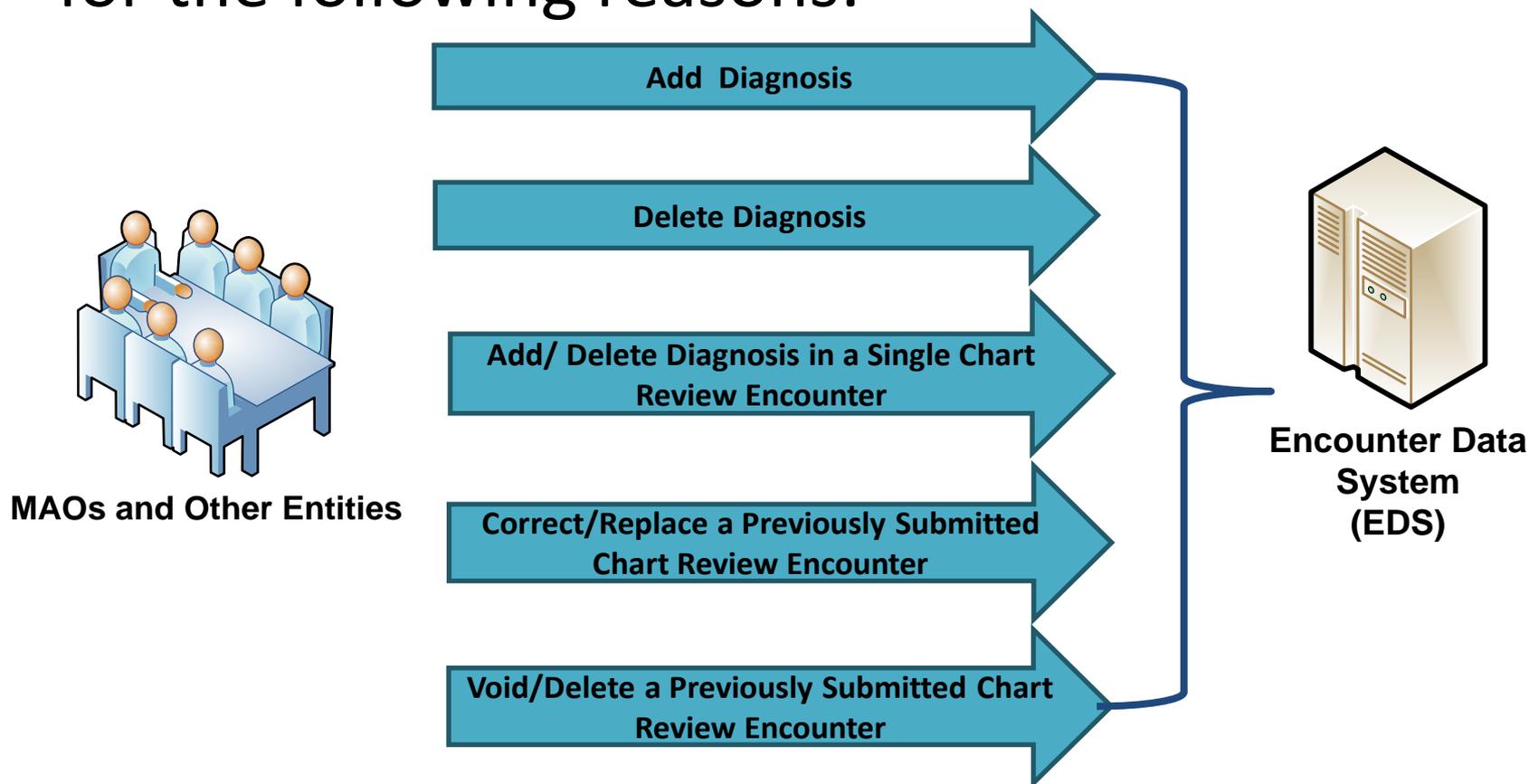
Chart Review Indicators

- The EDS validates that an MAO has submitted a chart review encounter when the Loop 2300, PWK segment is populated with the following values:

  - PWK01 = '09"

  - PWK02 = 'AA'

Loop 2300 – Claim Information

CLM*29976778564479709654A*100.50***11:B:1*Y*A*Y*Y~
PWK*09*AA~

Claim Frequency Code
CLM05-3 = '1' for original

Report Type Code
PWK01 = '09'

Attachment Transmission Code
PWK02 = 'AA'
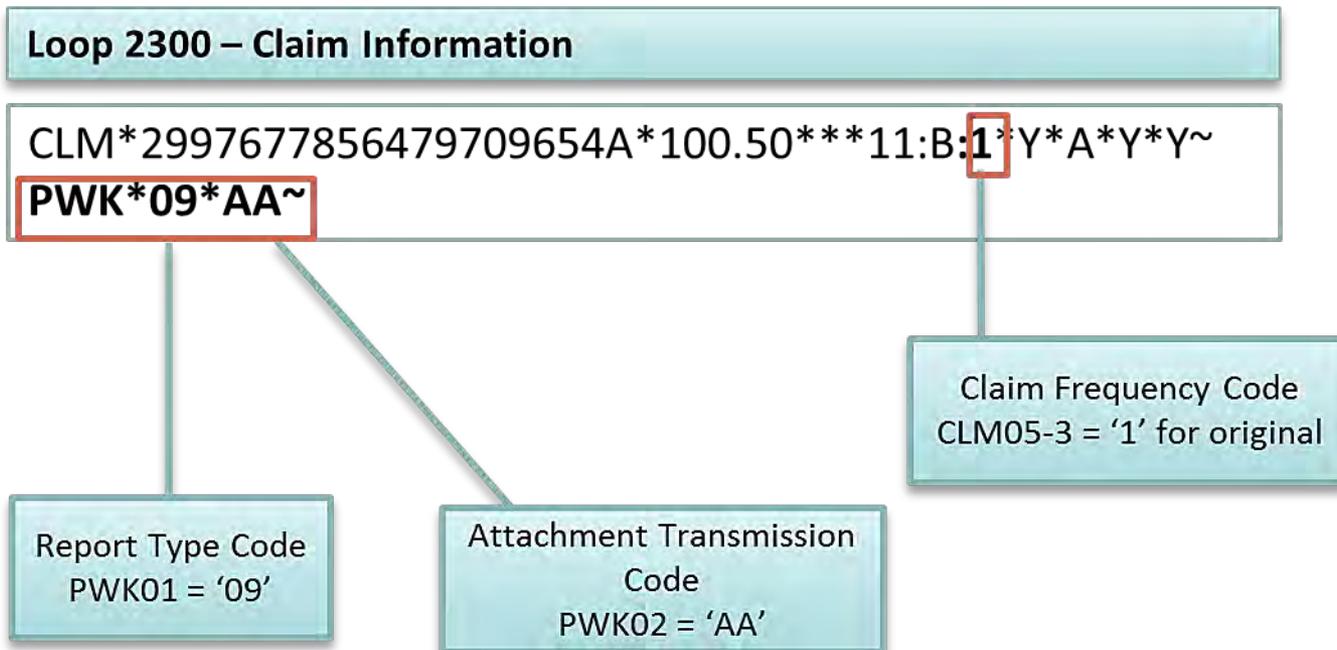
Linked Chart Review Indicators

- Data elements to identify a linked chart review:

Loop 2300 – Claim Information

CLM*29976778564797096 54A*100.50***11:B:**1***Y*A*Y*Y~
PWK***09*AA~**
REF***F8*1212278567098**~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

REF01 = 'F8'

CLM05-3 = '1'

REF02 = ICN of previously
accepted encounter
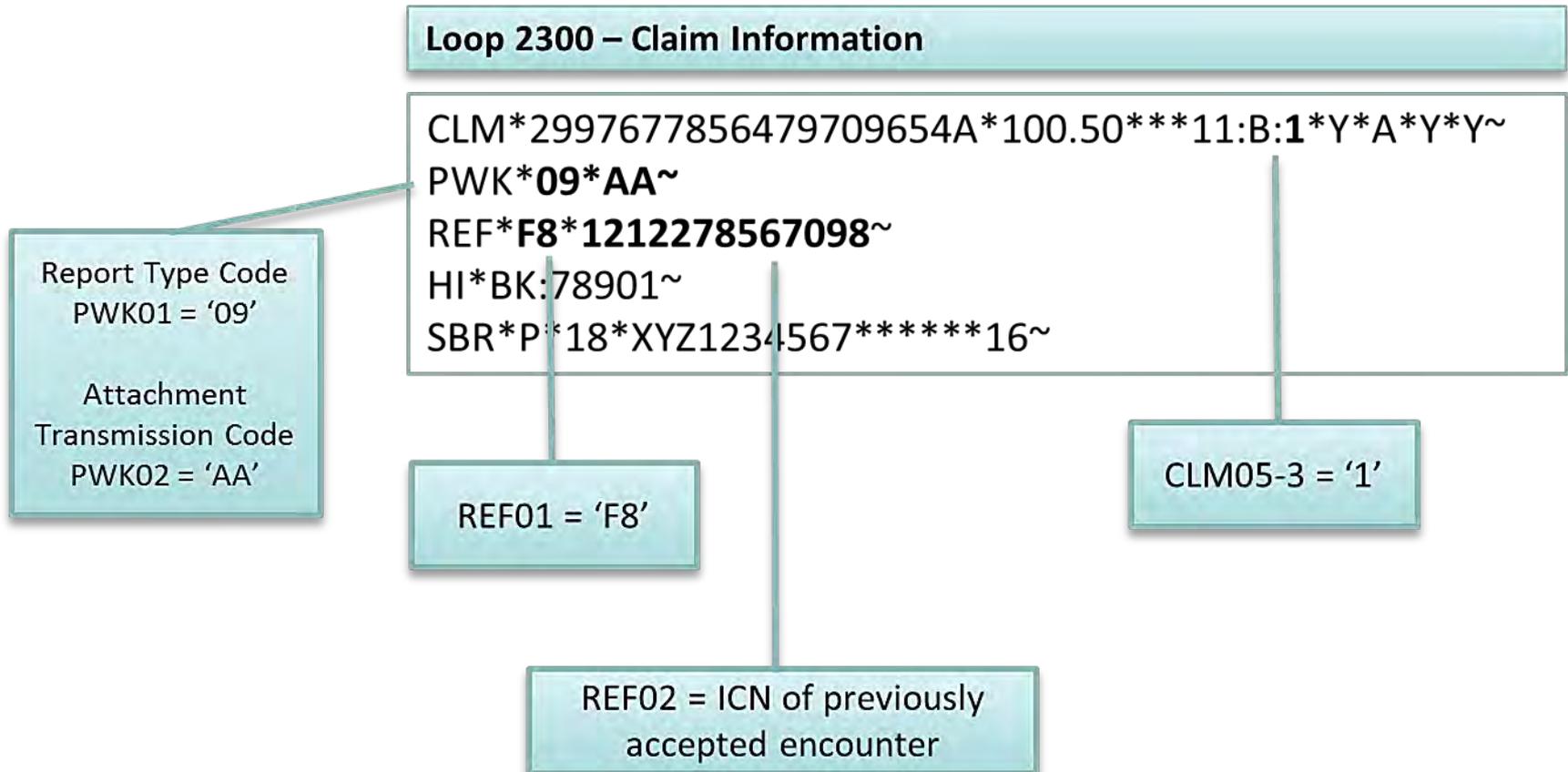
Unlinked Chart Review Indicators

- Data elements to identify an unlinked chart review:

Loop 2300 – Claim Information

```
CLM*29976778564797709654A*100.50***11:B:1*Y*A*Y*Y~
PWK*09*AA~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~
```

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

CLM05-3 = '1'

Loop 2300 REF Segment is not required for submission of unlinked chart review encounters

Add Specific Diagnosis Indicators

- Data elements to add a diagnosis code(s):

Report Type Code
PWK01 = '09'

Attachment Transmission Code
PWK02 = 'AA'

REF01 = 'F8'

REF02 = ICN of previously accepted encounter

Loop 2300 – Claim Information

CLM*29976778564797098654A*100.50***11:B:1*Y*A*Y*Y~
PWK*09*AA~
REF*F8*1212278567098~
HI*BK:78901~

HI01-1 = 'BK'
(Code List Qualifier)

HI01-2 = Added diagnosis code(s)

CLM05-3 = '1'

Loop 2400 – Service Line Information

LX*1~SV1*HC:01234*75*UN1***1

SV107 = Diagnosis Pointer
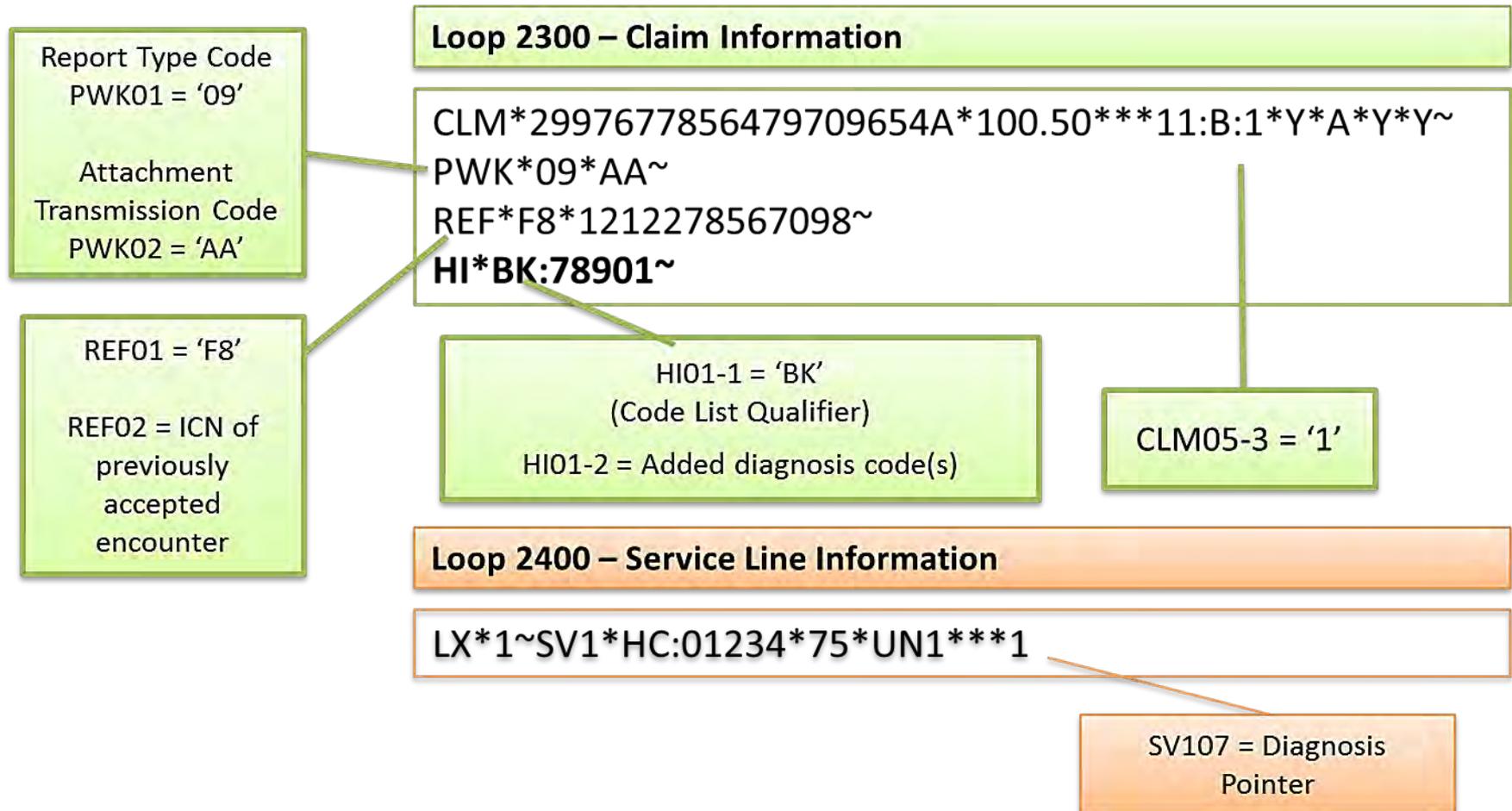
Delete Specific Diagnosis Indicators

- Data elements to delete a diagnosis code:

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

REF01 = 'F8'

REF02 = ICN of
previously
accepted
encounter

Loop 2300 – Claim Information

CLM*29976778564797096654A*100.50***11:B:1*Y*A*Y*Y~
PWK*09*AA~
REF*F8*1212278567098~
HI*BK:78901~
REF*EA*8~
SBR*P*18*XYZ1234567******16~

CLM05-3 = '1'

REF01 = 'EA'

REF02 = '8'
(Indicates the deletion of
diagnosis code listed HI01-2)

HI01-1 = 'BK'
(Code List Qualifier)

HI01-2 = delete diagnosis
code

Add/Delete Specific Diagnosis Indicators

- Data elements to add and delete diagnosis codes in a single chart review encounter:

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

REF01 = 'F8'

REF02 = ICN of previously accepted encounter

Loop 2300 – Claim Information

CLM*29976778564479709654A*100.50***11:B:1*Y*A*Y*Y~
PWK*09*AA~
REF*F8*1212278567098~
HI*BK:78901~
REF*EA*40390~

REF01 = 'EA'

REF02 = '8'
Deleted diagnosis code

HI01-1 = 'BK'
(Code List Qualifier)

HI02-2 = Added diagnosis code

CLM05-3 = '1'
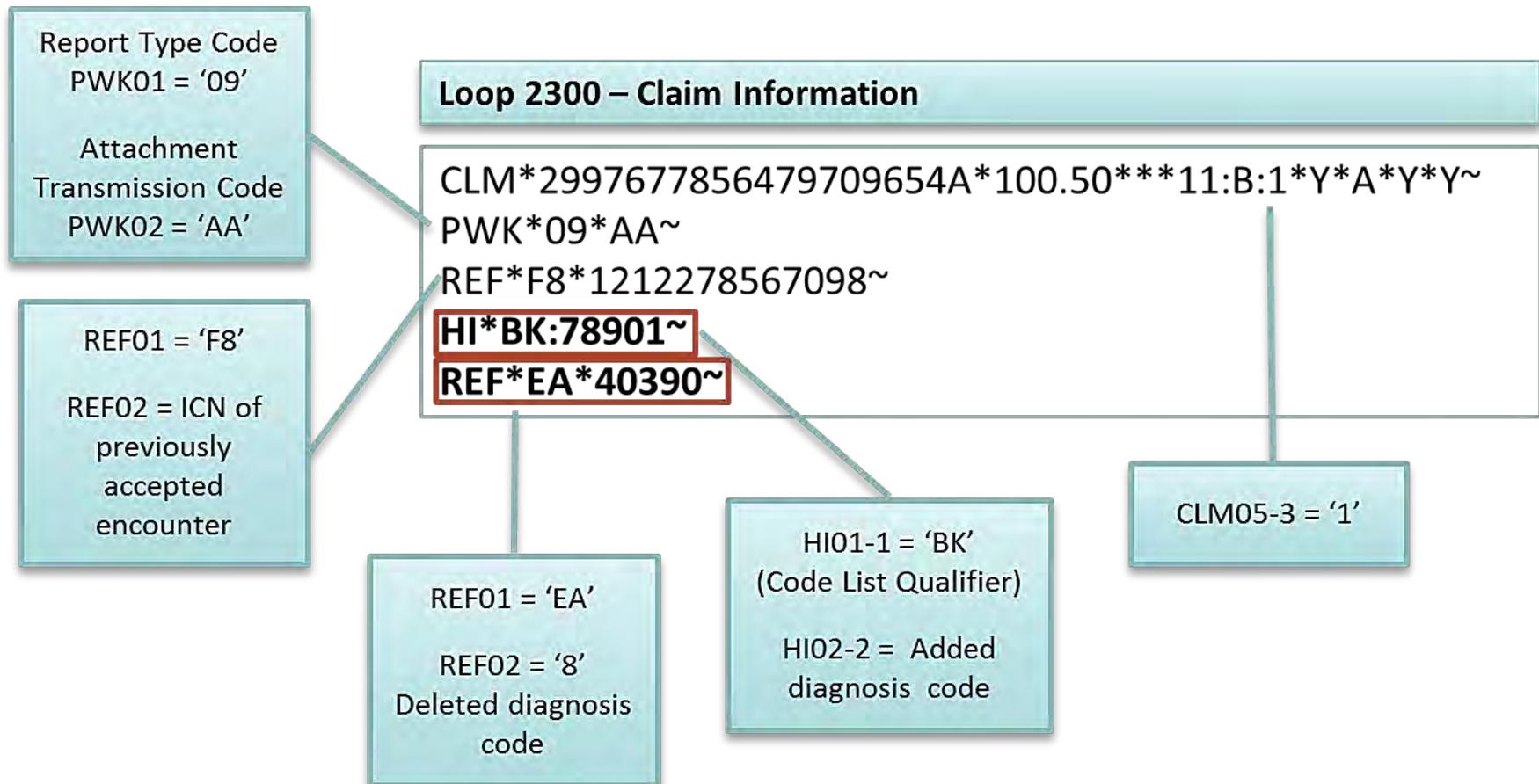
Chart Review Adjustments Overview

- The following chart review adjustments may be performed:

Correct/Replace

Void/Delete

MAOs and Other Entities

Encounter Data System (EDS)
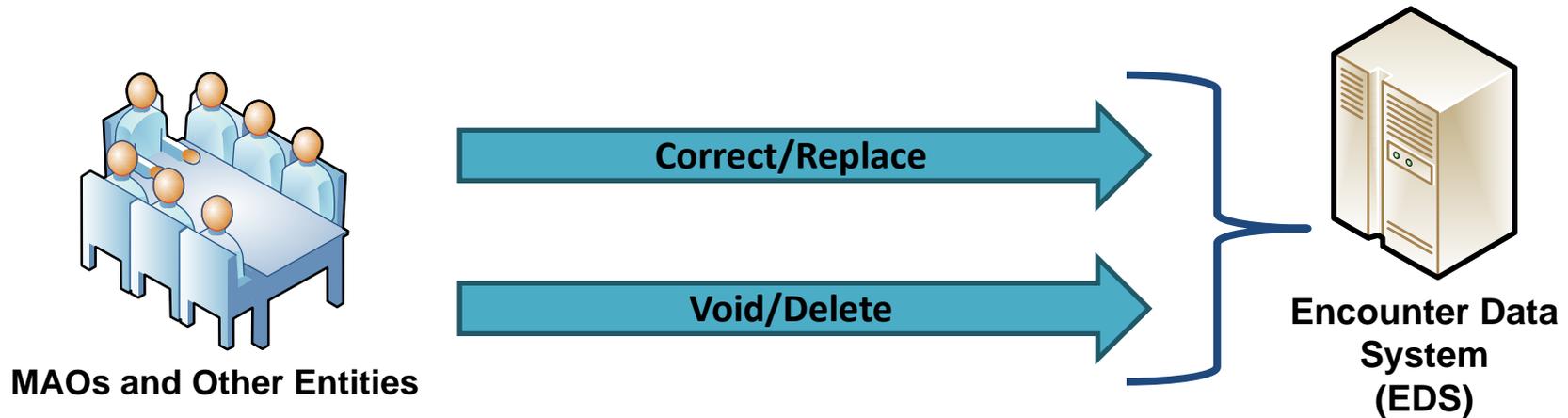
Correct/Replace Chart Review

- All correct data from the previous chart review submission, and any revised data must be submitted to ensure the final encounter stored in the EODS is valid and accurate.

- Once the correct/replace chart review is processed through the EDFES and EDPS, the original chart review encounter will be flagged as "inactive" and the correct/replace chart review encounter will be stored as the active record.

- Correct/replace chart review encounters may only correct or replace previously submitted and accepted chart review encounters.

- Correct/replace chart review encounters must not be submitted to correct or replace full encounters.

Correct/Replace Chart Review Indicators

- Data elements to correct/replace chart review:

Loop 2300 – Claim Information

CLM*29976778564797096654A*100.50***11:B:**7***Y*A*Y*Y~
PWK*09*AA~
REF***F8*1212278567098*~
HI*BK:78901~

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

REF01 = 'F8'

CLM05-3 = '7'
for
correct/replace

REF02 = ICN of previously
accepted and stored chart
review encounter
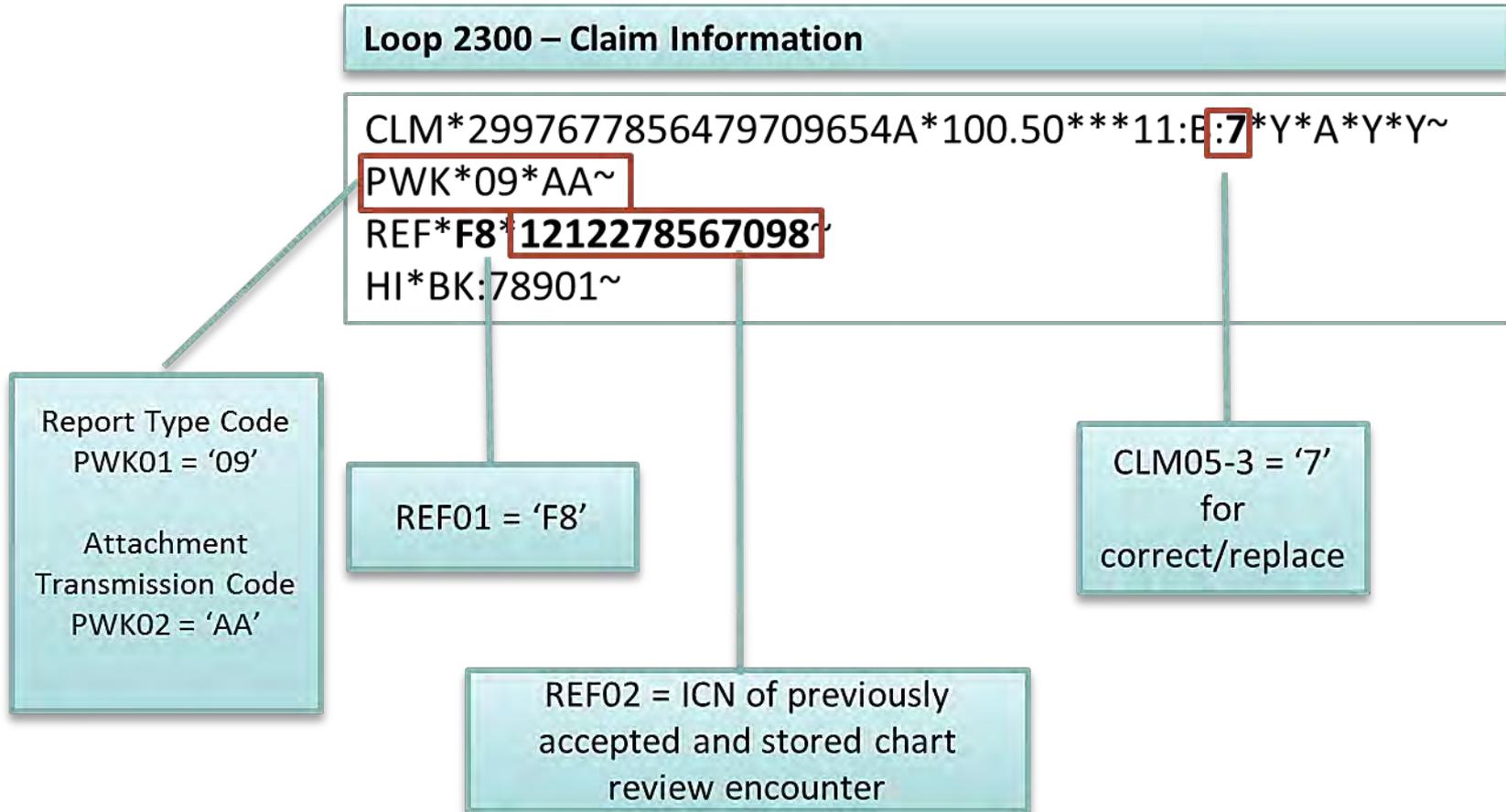
Void / Delete Chart Review Encounters

- Data elements to void/delete chart review:

Loop 2300 – Claim Information

```
CLM*29976778564797096 54A*100.50***11:B:8*Y*A*Y*Y~
PWK*09*AA~
REF*F8*1212278567098~
HI*BK:78901~
```

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

REF01 = 'F8'

REF02 = ICN of previously
accepted and stored chart
review encounter

CLM05-3 = '8'
for void/delete
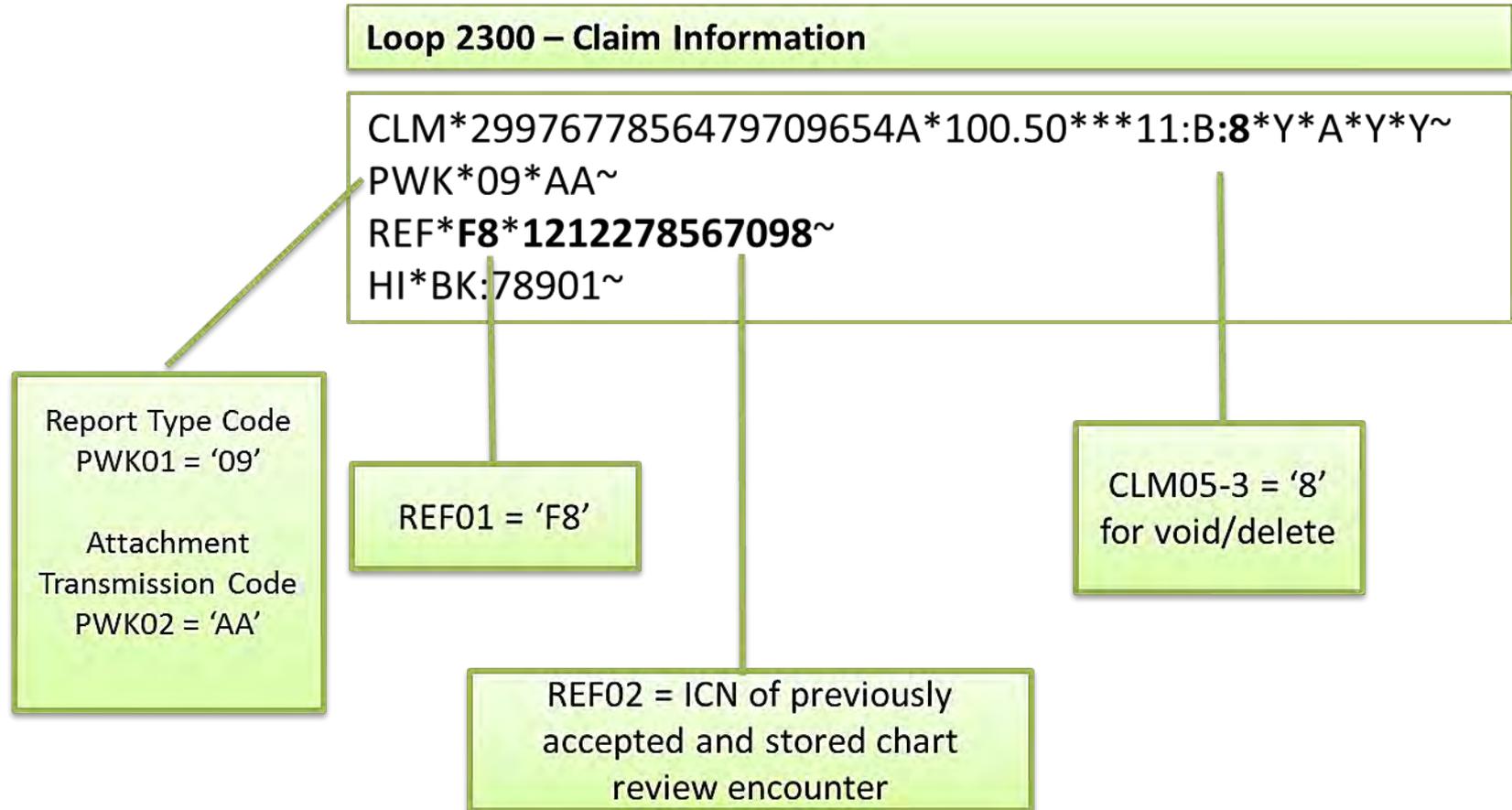
EDPS Edits

- The following edits will be received on the MAO-002 Reports when a chart review correct/replace or void/delete encounter is submitted and the ICN referenced is not a chart review encounter:

  - Error Code 00764 - Reject – Original Must Be a Chart Review to Void

  - Error Code 00765 - Reject – Original Must be a Chart Review to Adjust

Polling Question

Waterfall Health Plan intends to submit a correct/replace chart review encounter to the EDS to replace a previously accepted chart review. How should Waterfall Health populate the CLM05-3 and REF01 segments?

Loop 2300 – Claim Information

CLM*29976778564797709654A*100.50***11:B:**?***Y*A*Y*Y~
REF***?***1212278567098~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~

A. ☐ CLM05-3 = '7' and REF01 = 'F6'

B. ☐ CLM05-3 = '5' and REF01 = 'F8'

C. ☑ CLM05-3 = '7' and REF01 = 'F8'

D. ☐ CLM05-3 = '8' and REF01 = 'F6'

Polling Question

In the data string below, identify what type of chart review was submitted to the EDS.

Loop 2300 – Claim Information

CLM*29976778564479709654A*100.50***11:B:1*Y*A*Y*Y~
PWK*09*AA~
REF*F8*1212278567098~
HI*BK:78901~
REF*EA*40390~

A. ☐ Linked chart review to add a diagnosis code

B. ☐ Linked chart review to delete a diagnosis code

C. ☑ Linked chart review to add/delete a diagnosis code

D. ☐ Linked chart review to correct/replace chart review

Questions & Answers

Your Questions are Important!
Thank You!

ENCOUNTER DATA

BEST PRACTICES
MODULE 7

Best Practice #1 – Tier II Testing

- End-to-end certification is required in order to submit Tier II testing data.
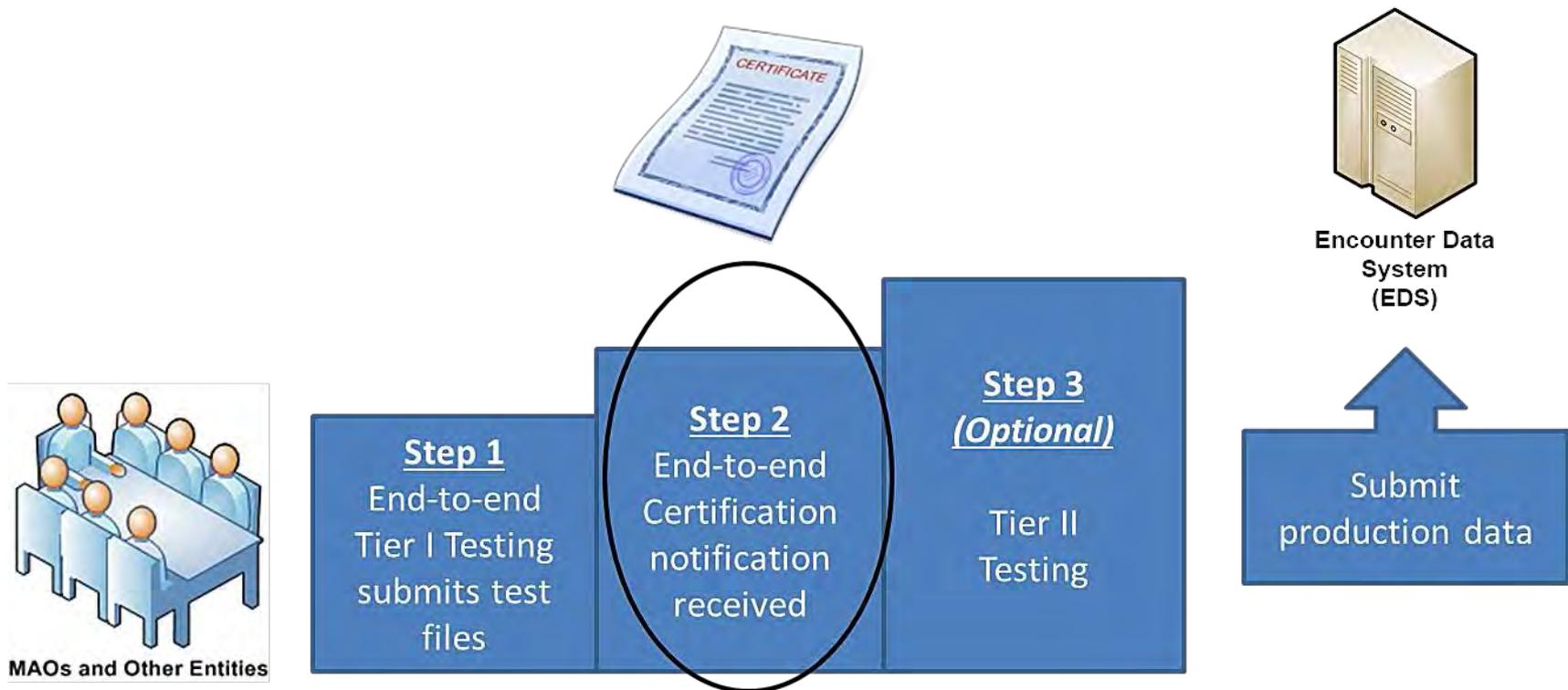
EDS Testing information is found at:
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Encounter%20Data~ED%20Testing?open&expand=1&navmenu=Encounter^Data||

Tier II Testing (cont'd)

- Multiple contract IDs may be submitted in a single file to the Tier II testing environment, as long as each contract ID does not exceed 2,000 encounters per file.

- No additional action may be taken on an original encounter or chart review encounter, unless the original encounter is accepted in the Tier II testing environment.

- Encounter files submitted to the Tier II testing environment:

Interchange Control Header

Authorization Information

Additional Data Identifier

ISA***03*****8888888888***00* *ZZ*ENH9999 *ZZ*80882 *120430*1144*^*00501*000000031*1***T***:~

Usage Indicator
'T' = Test
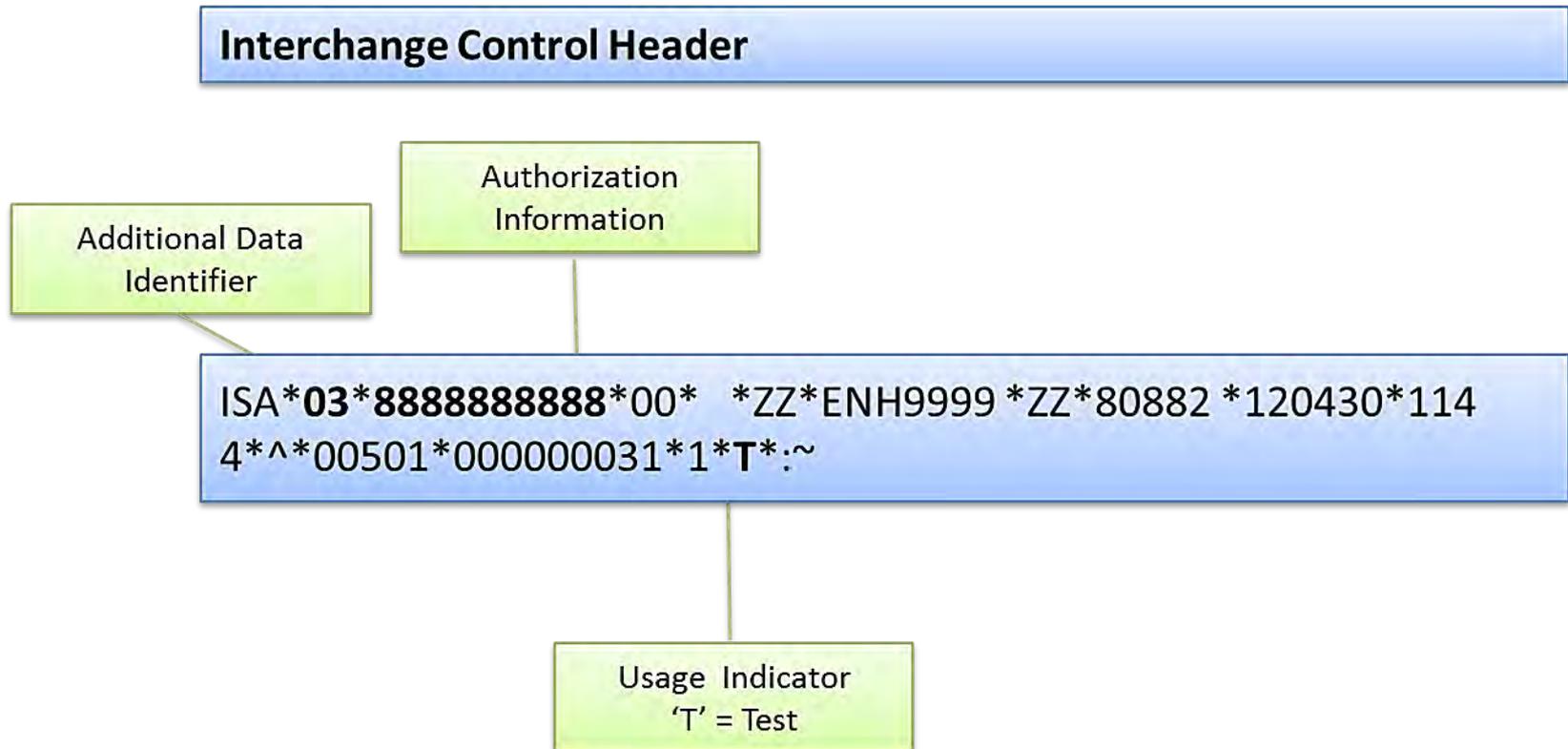
Best Practice #2 – EDS Edits Look-up Tools

The Online Look-up Tools will be available at:
http://csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Encounter%20Data~Edits?open&expand=1&navmenu=Encounter^Data||

Instructions: To look up an Encounter Data code description, enter the code, choose a code type then click the <*Search*> button.

Enter Error Code [001]

○ CLAIM ADJUSTMENT REASON CODES
○ HEALTH CARE SERVICES DECISION REASON CODES
○ PROVIDER TAXONOMY
○ REMITTANCE ADVICE REMARK CODES
○ CLAIM STATUS CATEGORY CODES
○ CLAIM STATUS CODES
◉ INTERCHANGE ACKNOWLEDGEMENT CODES

[Search]

View / Download Full Listings:

CLAIM ADJUSTMENT REASON CODES	View On-line | Download Spreadsheet | Download Text Only
HEALTH CARE SERVICES DECISION REASON CODES	View On-line | Download Spreadsheet | Download Text Only
PROVIDER TAXONOMY	View On-line | Download Spreadsheet | Download Text Only
REMITTANCE ADVICE REMARK CODES	View On-line | Download Spreadsheet | Download Text Only
CLAIM STATUS CATEGORY CODES	View On-line | Download Spreadsheet | Download Text Only
CLAIM STATUS CODES	View On-line | Download Spreadsheet | Download Text Only
INTERCHANGE ACKNOWLEDGEMENT CODES	View On-line | Download Spreadsheet | Download Text Only

Search Results

Code	001
Code Type	INTERCHANGE ACKNOWLEDGEMENT CODES
Begin Date	19950101
End Date	
Definition	The Interchange Control Number in the Header and Trailer Do Not Match. The Value from the Header is Used in the Acknowledgment.

Search Results will display:
- Edit Number/Code
- Code Type
- Effective Dates
- Edit Definition

- MAOs can easily reference EDPS edits and reconcile encounter errors generated on MAO-002 Reports. The look-up tool identifies the following elements: Edit Number, 41 Character Edit Description, Edit Category, Edit Disposition, and Module Type (Institutional, Professional, and DME).

Best Practice #3 –
Industry Updates – Email Updates

Sign up for email updates at:
http://csscoperations.com/internet/cssc3.nsf/EmailUpdates?OpenForm

Technical Assistance Registration Center (TARSC)

Access the TARSC website at:
http://www.tarsc.info/default.aspx

Best Practice #4 – Reports Reconciliation

- Regularly reconcile reports:

Reject = Stop
Research/check systems for logic

Informational = Caution
Check for potential flaws in logic

Accepted = Go
Encounters are passing through EDS with no problems!
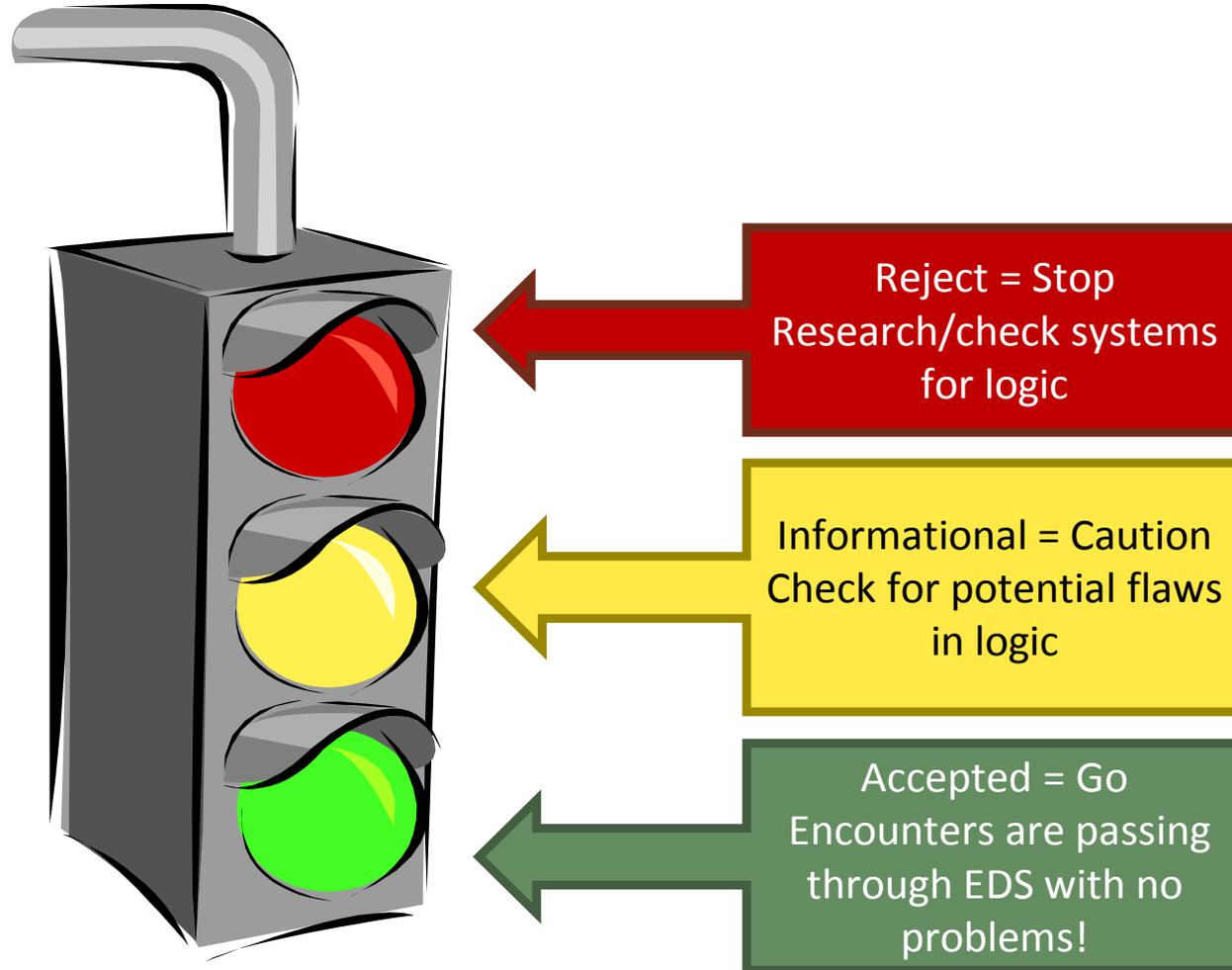
Best Practice #5 – Historical Report Restoration

- MAOs are encouraged to save EDS Reports, as CMS has set limitations on historical report retrieval.

  - 999 and 277CA Acknowledgement Reports will not be restored if the files are older than 20 days.

  - MAO Reports will not be restored if the files are older than 60 days.

  - Requests for more than 200 files will not be accepted.

Polling Question

The EDPS Edits Look-up Tool identifies which of the following elements?

A. ☐ Edit Category

B. ☐ Module Type (Institutional, Professional, or Durable Medical Equipment)

C. ☐ Edit Disposition

D. ☑ All of the above

Points of Contact

Resource	Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
Customer Service and Support Center (CSSC)	http://www.csscoperations.com csscoperations@palmettogba.com
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
Encounter Data Mailbox	encounterdata@cms.hhs.gov

Questions & Answers

Your Questions are Important!
Thank You!

Evaluation

Please take a moment to note any feedback you wish to give concerning this session. A formal request for evaluation feedback will be sent at the conclusion of the session.

Your Feedback is Important!

Thank You!

Stay Connected with CMS