
Encounter Data User Group Q&A Documentation

Questions and Answers – February 7, 2013 Live Session

Q1: Why will CMS accept only Home Health encounters submitted in the 837 Institutional format effective for July 2013 dates of service (DOS)?

A1: Health Insurance Prospective Payment System (HIPPS) codes determine the pricing for Home Health services and are, therefore, required for the submission of Home Health encounters. Because the 837 Professional format does not allow for submission of HIPPS codes, MAOs and other entities must submit all Home Health encounters using the 837 Institutional format, beginning with July 2013 dates of service and beyond.

Q2: Has CMS conducted outreach to Home Health providers regarding the requirement to submit Home Health encounters in the 837 Institutional format only, or are MAOs and other entities expected to conduct the outreach themselves?

A2: CMS conducted outreach to and communicated with various MAOs and other entities regarding the submission of Home Health encounters in the 837 Institutional format only. Based on feedback from those MAOs and other entities, CMS instituted the deadline for the requirement to July 2013 DOS in order to avoid any impact on 2012 DOS encounters submission, and to allow time for MAOs and other entities to conduct provider outreach and enhance their internal processes.

Q3: How should MAOs and other entities submit HIPPS codes for Home Health services billed by episodes of care that vary based on the MAO's contractual agreement with their providers?

A3: CMS requires that all Home Health encounters be submitted with appropriate HIPPS codes. Because MAOs and other entities do not contract with all providers the same, CMS is requesting that MAOs and other entities document their provider agreements and submit them to eds@ardx.net for consideration when determining future guidance for Home Health encounter submission.

Q4: Will CMS use 2012 and/or 2013 DOS encounter data to establish Risk Adjustment scores for 2014?

A4: CMS will not use 2012 DOS encounter data to determine Risk Adjustment calculations. CMS has not yet made final decisions to determine the use of 2013 DOS for Risk Adjustment calculations. CMS will notify MAOs and other entities once final decisions are made.

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

Q5: Can MAOs and other entities avoid receiving Common Edits and Enhancements Module (CEM) rejections when submitting an E-code as a primary diagnosis for the purpose of chart review; or when the E-code is the sole diagnosis on a claim and may potentially trigger a Hierarchical Condition Category (HCC)?

A5: An E-code submitted as the primary diagnosis code will cause a CEM reject edit. CMS will investigate this edit to determine the impact on encounter data diagnosis code submission and will provide an industry update once determinations are made. The Fee-for-Service (FFS) CEM does not determine the outcome of HCCs.

Q6: Will CMS reject encounters submitted beyond the 13-month timely filing deadline?

A6: MAOs and other entities will not receive rejections for encounter data submitted beyond the 13-month timely filing deadline. MAOs and other entities are encouraged to continue submitting all 2012 DOS encounters as close as possible to the 13-month timely filing deadline. CMS will not enforce compliance measures until MAOs and other entities have received appropriate notification.

Q7: Does CMS use First Databank or MediSpan files to validate National Drug Codes (NDCs) submitted to the Encounter Data System (EDS)?

A7: NDCs submitted to the EDS are not validated for verification of code accuracy using First Databank or MediSpan files. The Encounter Data Front-End System (EDFES) validates NDCs for alphanumeric formatting only.

Q8: How can MAOs and other entities access the CMS CEM Edits Spreadsheets used for the editing of encounter data?

A8: MAOs and other entities may access the CMS CEM Edits Spreadsheets at https://www.cms.gov/Medicare/Billing/MFFS5010D0/index.html?redirect=/MFFS5010D0/20_Technical_Documentation.asp.

- Select the “Technical Documentation” link in the navigation bar on the left side of the page.
- In the “Downloads” section at the bottom of the next page, select “5010 Institutional and Professional Edits spread sheets” (ZIP file).
- A “File Download” icon will pop up asking, “Do you want to open or save this file?”
- Open the file to select the Institutional or Professional Edits spreadsheet.
- Also, please refer to the User Group Presentation from January 10, 2013.

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Q9: Should MAOs and other entities submit non-adjudicated encounters when the MAO has a capitated agreement with a third party vendor to render services to their members (i.e., Lab)? If MAOs and other entities are required to submit these encounters, how should the adjudication date be populated?

A9: CMS is currently evaluating the submission of non-adjudicated capitated encounters and will provide an update to the industry once final decisions are made.

Q10: Based on the maximum height and weight requirements for End-Stage Renal Disease (ESRD) encounters, what is CMS' guidance if a beneficiary exceeds the maximum height and/or weight?

A10: The Encounter Data Processing System (EDPS) will generate MAO-002 Reports with reject edit 27000 "Height or Weight Value Exceeds Limit" for ESRD encounters if Value Code A8 for Patient's Weight exceeds 318.2 kilograms (700 pounds) or if Value Code A9 for Patient's Height exceeds 228.6 centimeters (7 feet 6 inches). These values must not exceed the stated requirements in order to avoid receiving a rejection for these encounters.

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