

Encounter Data User Group Q&A Documentation

Questions and Answers - May 2, 2013 Live Session

Q1: Does CMS use edit 98325 – Service Line(s) Duplicated to validate duplicate procedure code modifiers?

A1: Procedure code modifiers are included in the duplicate logic for both Professional and Institutional encounters. MAOs and other entities are encouraged to submit questions, including the specific ICN(s), pertaining to the receipt of edit 98325 – Service Line(s) Duplicated for duplicate procedure code modifiers to <u>csscoperations@palmettogba.com</u> for research and resolution.

Q2: If MAOs and other entities do not require the submission of Health Insurance Prospective Payment System (HIPPS) codes from their providers due to contractual agreements or special billing requirements, how should MAOs and other entities avoid receiving EDS edits when submitting Skilled Nursing Facilities (SNF) and Home Health (HH) encounters once EDS edits take effect July 2013 that require the use of HIPPS codes?

A2: Currently, MAOs and other entities are required to submit HIPPS codes for SNF and HH encounters effective for July 2013 dates of service (DOS) and beyond. MAOs and other entities may submit questions and/or issues regarding HIPPS code submission to <u>eds@ardx.net</u>.

Q3: Does CMS have any updates regarding the editing logic that is applied to void/delete encounters?

A3: CMS is conducting testing for system enhancements to the void/delete editing logic. MAOs and other entities will receive updates once it becomes available.

Q4: If an MAO or other entity submits a void/delete encounter using the previously accepted ICN, can the MAO or other entity submit the void/delete encounter with a different patient control number in the CLM01 segment?

A4: Yes, MAOs and other entities can submit void/delete encounters with a different patient control number in the CLM01 segment. The EDPS edits all encounter submissions to ensure that specific elements of the void/delete encounter match those same elements on the original encounter and that the original and void/delete encounter contain the exact same number of lines.



Q5: Can MAOs and other entities submit encounters with zero (0) dollars in the service line charge amount field if the encounter submitted is not capitated and the service line is denied?

A5: Yes, MAOs and other entities may populate the service line charge (billed) amount of zero dollars (\$0.00) when the MAO or other entity has denied payment for that service. The encounter service line should also indicate the reason for the payment denial.

Q6: When MAOs and other entities submit encounters to the Tier II testing environment, should the encounter file contain the dot 'T' extension in the file naming convention to indicate that it is a test file?

A6: Yes, MAOs and other entities should submit testing files to the Tier II Testing Environment using the dot 'T' extension in the file naming convention.

Q7: If MAOs and other entities submit encounters to the Tier II testing environment, what are the delivery timeframes for MAOs and other entities to receive 999 and 277CA Acknowledgement Reports and MAO Reports?

A7: Tier II testing environment 999 and 277CA Acknowledgement Reports are generated within 24-48 hours after receipt of the encounter file by the EDS; and MAO-002 Reports are generated within seven (7) business days after receipt of the encounter file by the EDS.

Note: There is currently a delay in the receipt of MAO-002 Reports.

Q8: What is the limit to the number of encounters that MAOs and other entities can submit to the Tier II testing environment?

A8: MAOs and other entities may submit multiple contract IDs in a single file to the Tier II testing environment, as long as each contract ID does not exceed 2,000 encounters.

Q9: Does CMS plan to implement compliance measures for the submission of 2012 DOS for encounter data?

A9: There are currently no compliance measures for the submission of 2012 DOS encounter data. CMS is discussing the requirements for timely submission of 2012 DOS encounter data and will provide additional information once determinations are made.



Q10: Per the EDS Companion Guides, for Loop 2330B – Other Payer Name, the NM109 segment includes the MAO or other entity's Contract ID Number. Should MAOs and other entities populate the NM109 segment with their five (5)-digit CMS contract ID?

A10: Yes, MAOs and other entities should populate Loop 2330B, NM109 segment with the five (5)-digit CMS contract ID number, per the instructions in the TR3 and the EDS Companion Guides.

Q11: If an MAO or other entity is the Medicare Payer, but there are other payers for the submitted encounter, does CMS anticipate receiving a true COB on an encounter submission?

A11: Yes, in the instance of a true COB encounter, the MAO or other entity is considered the primary payer and should provide their contract ID in the first iteration of the COB Loops (2320, 2330, and 2430). In the second iteration of the COB Loops, the true COB contract ID should be populated.

Q12: Is the ZIP Code +4 default value of '9998' required for all ZIP Codes within the 837 submission?

A12: Yes, MAOs and other entities should populate all ZIP Code locations within the 837 that require a valid nine (9)-digit ZIP code using the ZIP Code +4 default value of '9998', if the true nine (9)-digit ZIP code is not available.

Q13: If MAOs and other entities submit the default value of '9999' instead of '9998', will the Encounter Data Front-End System (EDFES) reject the encounter?

A13: MAOs and other entities may submit the ZIP +4 default value of '9999' or '9998' prior to May 9, 2013. Effective May 9, 2013, only the ZIP +4 default value of '9998' will be accepted by the EDFES when the true +4 value is not available. Any encounters populated with '9999' as the +4 default will be rejected by the EDFES.

Q14: Which EDS Report did CMS use to determine the error rate of 5%?

A14: CMS calculated the 5% error rate based on analysis derived from the MAO-002 Reports.

Q15: For the 5% error rate on MAO-002 Reports, does CMS calculate the error rate based on the file level submission or the encounter level submission?

A15: Analysis of the error rate is based on the total number of encounters received by the EDPS. The EDPS compares the number of encounters accepted to the number of encounters rejected on EDPS MAO-002 Reports to identify the error rate.



Q16: Do MAOs and other entities need to submit patient responsibility amounts in Loop 2320 CAS and Loop 2320 AMT01 – Remaining Patient Liability (EAF) segments?

A16: MAOs and other entities are encouraged to submit questions regarding specific examples to <u>csscoperations@palmettogba.com</u> in order for CMS to research a resolution.

Q17: Should MAOs and other entities submit data to the EDS that the MAO or other entity has identified as a duplicate claim from a provider and rejected that claim in their internal system?

A17: MAOs and other entities should not submit encounter data to the EDS that they have identified as duplicate data. The submission of known duplicates will increase the threshold rates of rejected encounters.

Feedback and Comments – May 2, 2013 Live Session

C1: CMS has previously stated that the cost of reprocessing errors is significant; therefore, MAOs and other entities should attempt to submit accurate data in their initial encounter submissions. However, the cost of submitting an original encounter and multiple encounter adjustments to show the progression is just as costly. MAOs and other entities would prefer to submit the final encounter, as opposed to the original encounter and multiple iterations to identify the progression of the encounter adjustments.

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