DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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CENTER FOR MEDICARE
MEDICARE PLAN PAYMENT GROUP

DATE: September 25, 2018

TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations

FROM: Jennifer Harlow, Deputy Director

           Medicare Plan Payment Group

SUBJECT: Encounter Data Software Release

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the systems related to accepting and processing encounter data to support the Medicare Advantage program. This memorandum provides detailed information regarding the release of systems changes implemented on September 28, 2018 as well as submission and policy guidance related to these changes, if applicable.

System improvements can fall into 3 categories: (1) corrections or modifications to the logic for existing edits to align with program policies, (2) changes in the disposition status of existing edits, and (3) implementation of new edits. The categories reflected in this release are (1) corrections or modifications to the logic for existing edits to align with program policies and (3) implementation of new edits which can be found in Table 1.

The Encounter Data Processing System (EDPS) changes are as follows and may require Plan action:

Table 1: Changes to Edit Logic reported on MAO-002 Reports

Edit Code	Description	Effective Date	Modification Type (1=correction/ modification to an existing edit; 2=change in disposition status; 3=new edit)	Modules Edit Applies to (INST, PRF, or DME)	Edit Disposition I=Informational R=Reject D = Deactivated
18305	Invalid/Missing FQHC Qualifying Visit. Effective for dates of service on or after January 1, 2018 FQHC encounters will be accepted for General Care Management services when G0511/G0512 is submitted alone or with other payable services.	09/28/2018	1	INST	R
18310	FQHC Revenue Code is Missing. Effective for dates of service on or after January 1, 2018 FQHC encounters will be accepted for General Care Management services when G0511/G0512 is submitted alone or with other payable services and without valid FQHC revenue code.	09/28/2018	1	INST	R
21965	HCPCS Invalid for DOS Effective for service line from date on or after 1/1/2018 •TOB is 71X(RHC) or 77X(FQHC) •CPT 99490 is billed	09/28/2018	3	INST	I

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22470	HH Claim Missing Skilled Services Effective for records with from date on or after July 1, 2016. •Type of Bill (TOB) is 0329 or 0327; AND •The Claim Statement From Date is not equal to the Admission Date; AND •No revenue code 042x, 043x, 044x or 055x line with a non-zero covered charge is present in the claim; AND •Condition code 20, 21 or 54 is not present	09/28/2018	3	INST	I
22475	Invalid TOB for Condition Code 54 Effective for records with dates on or after July 1, 2016 •TOB is NOT 032X (other than 322); AND •Condition Code 54 is present	09/28/2018	3	INST	I
22480	Invalid submission of AKI Encounter Effective for records with service date on or after January 1, 2017 •TOB 72x, condition code 84, and the following are not on the claim: CPT code G0491 and one of the following ICD-10 diagnosis codes: N17.0, N17.1, N17.2, N17.8, N17.9,	09/28/2018	3	INST	I

Edit Code	Description	Effective Date	Modification Type (1=correction/ modification to an existing edit; 2=change in disposition status; 3=new edit)	Modules Edit Applies to (INST, PRF, or DME)	Edit Disposition I=Informational R=Reject D = Deactivated
	T79.5XXA, T79.5XXD, T79.5XXS, or N99.0.				
22485	Invalid Modifier for AKI Encounter For records with service date on or after January 1, 2017 • TOB 72x, condition code 84, CPT code G0491, modifier 'AY', and one of the following ICD-10 diagnosis codes: N17.0, N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD, T79.5XXS, or N99.0 OR For records with dates of service on or after January 1, 2018 • TOB 72x, condition code 84, CPT code G0491, modifier 'AX', and one of the following ICD-10 diagnosis codes: N17.0, N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD, T79.5XXS, or N99.0	09/28/2018	3	INST	I
22490	Invalid HCPCS for AKI Encounter Effective for records with dates of service on or after April 1, 2018 •TOB 72x, condition code 84, CPT code G0491 along with HCPCS J0604 OR J0606 and one of the following ICD-10	09/28/2018	3	INST	I

Edit Code	Description	Effective Date	Modification Type (1=correction/ modification to an existing edit; 2=change in disposition status; 3=new edit)	Modules Edit Applies to (INST, PRF, or DME)	Edit Disposition I=Informational R=Reject D = Deactivated
	diagnosis codes: N17.0, N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD, T79.5XXS, or N99.0				
22340	'ESRD Diagnosis Codes Missing' For records with dates of service on or after October 1, 2015, this edit is updated to ensure that records with Type of Bill 72X (Renal Dialysis Facility) and contain one of the following diagnosis ICD 10 codes. N17.0, N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD, T79.5XXD, N99.0, N181, N182, N183, N184, N186, N189. As a reminder, for records with dates of service prior to October 1, 2015, the following ICD9 codes must be present on records with Type of Bill 72X: 5851, 5852, 5853,5854, 5855, 5856, 5859	09/28/2018	1	INST	R

The following edits 22340, 18305 and 18310 as indicated in Table 1 include updates to their edit logic.

Updates were made to existing reject Edit "22340 - ESRD Diagnosis Code Missing" to include additional acute kidney injury (AKI) ICD10 diagnosis codes N17.0, N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD, T79.5XXS, N99.0. Please see Table 1 for full list of applicable ICD 9 and ICD 10 diagnosis codes for Edit 22340.

Updates were made to existing reject edits "18305 - Invalid/Missing FQHC Qualifying Visit" and "18310 - FQHC Revenue Code is Missing" to include the new General Care Management G codes under the following conditions:

- For Reject Edit "18305 – Invalid/Missing FQHC Qualifying Visit". Effective for dates of service on or after January 1, 2018, FQHC encounters will be accepted for General Care Management services when G0511/G0512 is submitted alone or with other payable services.
- For Reject Edit "18310 - Required FQHC Revenue Code is Missing". Effective for dates of service on or after January 1, 2018, FQHC encounters will be accepted for General Care Management services when G0511/G0512 is submitted alone or with other payable services and without valid FQHC revenue code.

Questions can be addressed to encounterdata@cms.hhs.gov.