

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: March 12, 2018

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

FROM: Jennifer R. Shapiro, Acting Director, Medicare Plan Payment Group

SUBJECT: March 2019 Encounter Data Software Release Updates

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 (MA) program. This memorandum provides detailed information regarding the release of systems changes that will be implemented on March 29, 2019, 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. All 3 categories are reflected in this release. Disposition of the edit codes are “informational” and “reject”. 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	1. Description	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 2. D = Deactivated
22490 <i>Invalid HCPCS for AKI Encounter</i>	Invalid HCPCS for Acute Kidney Injury (AKI) Encounter data edit logic is updated to include an additional Healthcare Common Procedure Coding System (HCPCS) code check. The edit will generate when HCPCS code of J3591 Unclassified drug or biological (for ESRD on dialysis) is submitted on AKI encounter. This will apply to 'from Date of Service (DOS)' on or after 01/01/2019	1	INST	I
17404 <i>Multiple Duplicate Value Codes</i>	Duplicate CPT/HCPCS And Unit Exceeds 1 informational edit will trigger when: <ul style="list-style-type: none"> • Certain HCPCS codes are duplicated on the encounter (Q0060, Q0061, P3000, P3001, Q0091, G0123, G0124, G0143, G0144, G0145, G0147, and G0148) OR <ul style="list-style-type: none"> • The number of Units exceeds one on the encounter when one of the above HCPCS codes are present. The bypass for Chart Review Records is unaffected by this disposition change This applies for all submissions regardless of DOS on or after 3/29/2019	2	INST	I (Changed from Reject)

Edit Code	1. Description	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 2. D = Deactivated
25005 <i>Invalid Gender for HPV</i>	Invalid Gender for Human Papillomavirus (HPV) HCPCS code G0476 (Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk type) be allowed for the Female Gender only unless Condition Code '45' (Ambiguous gender category) or Modifier 'KX' (Used to indicate the services rendered are medically necessary) is present. Condition code is applicable only for Institutional encounters. For Institutional encounters applicable Type of Bills (TOBs) are 12X 13X, 14X, 22X, 23X, 71X, 73X, 77X, or 85X. This will apply to 'from DOS' on or after 01/01/2019	3	PROF/INST	I
21970 <i>Procedure - HCPCS Code J3591 Units Exceeds One</i>	Procedure - HCPCS Code J3591 Units Exceeds One <ul style="list-style-type: none"> • TOB is 72X (End Stage Renal Disease) AND • HCPCS Code J3591 is billed AND • Units are greater than one for the service line This will apply to 'from DOS' on or after 01/01/2019	3	INST	I

Edit Code	1. Description	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 2. D = Deactivated
04040 <i>Diagnosis Invalid For MRI</i>	Edit description will read "Diagnosis Invalid For MRI" when ICD-10 diagnosis code Z95.0 Presence of cardiac pacemaker (Z95.0 also includes Presence of CRT-P), OR, Z95.810 Presence of automatic (implantable) cardiac defibrillator (Z95.810 also includes Presence of automatic ICD with synchronous cardiac pacemaker, and Presence of CRT-D) is not submitted on the encounter for MRI. For Institutional encounters applicable TOBs are 11X, 13X, 71X, 77X or 85X. This will apply to 'from DOS' on service lines on or after April 10, 2018	3	PROF/INST	I
21821 <i>Multiple Duplicate Value Codes</i>	Edit description will read, "Multiple Duplicate Value Codes" The encounter record will reject when EDPS receives duplicate Value Codes of 80 (Covered Days). When the applicable TOBs are 11X, 18X, 21X, 28X, 41X AND •The Value Code of 80 is billed more than once on the encounter with differing values in the Value Code Amount fields. This applies for all submissions regardless of DOS on or after 3/29/2019	3	INST	R

Edit Code	1. Description	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 2. D = Deactivated
21160 CG Modifier Invalid with TOB and HCPCS	CG Modifier Invalid with TOB and HCPCS <ul style="list-style-type: none"> • TOB is 71X AND • HCPCS Code G0071 (Virtual Communications with specific requirements regarding billing and payment) or G0511 (General Care Management) or G0512 (Psychiatric Collaborative Care Model (CoCM) are billed on the service line AND • Modifier 'CG' is being billed This will apply to 'from DOS' on or after 01/01/2019	3	INST	I

Questions can be addressed to encounterdata@cms.hhs.gov, please specify, "March 2019- Encounter Data Software Release" in the subject line.