ENCOUNTER DATA

Newsletter

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Transition to ICD-10

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which stated that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future which will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

Submission of HIPPS Codes

The Centers for Medicare & Medicaid Services (CMS) released guidance by way of the November 4, 2013 Health Plan Management System (HPMS). The notice informed MAOs and other entities that, effective for dates of service (DOS) on or after July 1, 2014, a 'Reject' disposition status will be generated for the omission or improper submission of Health Insurance Prospective Payment System (HIPPS) codes for Skilled Nursing Facilities (SNF) and Home Health (HH) encounters.

On May 23, 2014, CMS released an HPMS notice, entitled "Submission of Health Insurance Prospective Payment System (HIPPS) Codes to Encounter Data System." This notice provided MAOs and other entities additional details regarding the requirement for submission of HIPPS Codes for SNF and HH encounters. CMS encourages MAOs and other entities to continue to work with SNF and HH providers to meet this requirement.

The following Institutional error codes will generate a 'Reject' disposition on MAO-002 Reports for the omission or improper submission of SNF and HH encounters:

- 22390 – HIPPS Code Required for SNF/HH
- 22395 – HIPPS Code Conflicts with Revenue Code
- 22400 – HP Qualifier Must Exist for HIPPS Code

The HPMS memo featured on page 2, will assist MAOs and other entities with guidance for obtaining appropriate HIPPS codes for encounter data submission in order to avoid receiving these error codes.

Featured Q&As - Questions

Test your encounter data knowledge by answering the following questions. Check your answers on page 5.

Q1. If an encounter is rejected as a duplicate, and an MAO or other entity needs to void the encounter, how should this be done?
Q2. Do MAOs and other entities with multiple contracts under one (1) submitter ID, and with a varying number of enrollees have to submit encounters separately for each contract?
Q3. Are there restrictions on the number of unlinked chart reviews that can be submitted?

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HPMS Highlights

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This section provides highlights from the May 23, 2014 Health Plan Management System memo.

Overview of HIPPS Codes from SNF and HHA Assessments

Health Insurance Prospective Payment System (HIPPS) rate codes represent specific sets of patient characteristics (or case-mix groups) on which payment determinations are made under several prospective payment systems. For the payment systems that use HIPPS codes, clinical assessment data is the basic input used to determine which case-mix group applies to a particular patient. SNF HIPPS codes are determined based on assessments made using the Minimum Data Set (MDS) data collection tools, while Home Health HIPPS codes are determined based on assessments made using the Outcome and Assessment Information Set (OASIS) data collection tools.

Clinical Assessment Data from Skilled Nursing Facilities

The Minimum Data Set (MDS) 3.0 consists of standardized data items that must be collected during assessments of all residents of facilities certified to participate in Medicare or Medicaid. The MDS 3.0 comprises several different assessments, under two different sets of requirements: OBRA assessments and Medicare PPS assessments.

A. OBRA Assessments - The OBRA-required assessments apply to Medicare and/or Medicaid certified facilities and include the initial and periodic assessments of all residents.

OBRA comprehensive assessments include:

1. Admission Assessment
2. Annual Assessment
3. Significant Change in Status Assessment
4. Significant Correction to Prior Comprehensive Assessment

B. Required Medicare PPS Assessments - Medicare PPS assessments are either scheduled or unscheduled, and similarly provide information about the clinical condition of beneficiaries receiving Part A SNF-level care in order to be paid under the SNF PPS for both SNFs and Swing Bed providers. Scheduled assessments occur at specific points during a Medicare Part A stay and include the 5-day, 14-day, 30-day, 60-day and 90-day assessments.

MAOs and other entities must submit HIPPS codes for SNF encounters with DOS on or after July 1, 2014 based on the initial OBRA required comprehensive Admission Assessment. CMS will not require MAOs and other entities to submit HIPPS codes from any other assessments.

Clinical Assessment Data from Home Health Agencies

A. OASIS Assessments - Medicare-certified HHAs are required to collect a standard set of data items, known as Outcome and Assessment Information Set (OASIS), as part of a comprehensive assessment of all patients who are receiving skilled care that is reimbursed by Medicare or Medicaid.

Under the HH PPS, a case-mix adjusted payment for an episode of care is made by CMS using one of 153 Home Health Resource Groups (HHRGs). Accordingly, on Medicare claims, these HHRGs are reflected as HIPPS codes, which are determined using data from the OASIS assessments. OASIS is required for Medicare and Medicaid patients only.

OASIS-C1/ICD-9 data collection and submission requirements are requested at the following specific time points:

1. Start of Care
2. Resumption of Care
3. Follow-Up
4. Transfer to an Inpatient Facility
5. Discharge from Agency - Not to an Inpatient Facility

For more information regarding HIPPS codes, please reference the "Definition and Uses of HIPPS Codes" document at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/Downloads/hippsusesv4.pdf.

If MAOs and other entities have questions, please forward those questions to: encounterdata@cms.hhs.gov.

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Industry Best Practices

Listed below are best practice methods which are useful for MAOs and other entities for the submission of SNF and HH encounters.

Skilled Nursing Facility (SNF) Services

- Identified by type of bill (TOB 21X, 22X, 23X, and 28X) and must be submitted to the EDS with Revenue Codes and procedure codes that are appropriate for the SNF service.
- Submission of SNF encounters require additional information specific to the services provided.
- HIPPS codes must be populated on the Revenue Code 0022 line.

The CMS HPMS memo regarding the requirements for HIPPS codes will add some clarity for coding.

For additional guidance, refer to the Medicare Claims Processing Manual, Chapter 6 – SNF Billing at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c06.pdf.

Home Health (HH) Services

- Identified by type of bill (TOB 32X and 34X) and must be submitted to the EDS with Revenue Codes, HIPPS codes, and procedure codes that are appropriate for HH services.
- HIPPS codes must only be populated on the Revenue Code 0023 line, and the total charges should equal zero (0).
- All HH encounters must contain only one (1) Revenue Code 0023 line and only one (1) HIPPS code per encounter. MAOs and other entities should determine the appropriate HIPPS codes for the Home Health encounter submission.

For additional guidance, refer to the Medicare Claims Processing Manual, Chapter 10 – Home Health Agency Billing at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c10.pdf.

Retroactive Enrollment

The EDS will accept encounters with valid retroactive enrollment dates and is in the process of determining the systems requirements to accomplish this. CMS will provide updates and guidance to MAOs and other entities as information becomes available.

Highest Frequency of Error Code Rejections in 1st Quarter 2014

Edit #	Edit Description	Comprehensive Resolution/Prevention
00265	Correct/Replace or Void ICN Not in EODS	Adjustment/Void encounter submitted with an invalid ICN. Verify accuracy of ICN on the returned MAO-002 Report.
02240	Beneficiary Not Enrolled in MAO for DOS	Verify that beneficiary was enrolled in your MAO during DOS on the encounter.
02256	Beneficiary Not Part C Eligible for DOS	Verify that beneficiary was enrolled in Part C for DOS listed on the encounter.
X223.150.2300.DTP 03.030	Statement From or To Date	If the 2300.DTP03 (DTP01 = "434") "FROM" date is on or after October 1, 2013, 2300. CLM05 – 1 must not = "33".

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This section provides enhancement details for the Encounter Data System.

Encounter Data Processing System Enhancements - April 2014

During the month of April, CMS implemented the following enhancements:

- **Error Code 17590** – Deactivation of Institutional Error Code 17590 – VC 05 Not Present/Conflicts With Amt.
- **Error Code 20835** – Error Description updated to "Service Line DOS Not Within Header DOS."

Two (2) New Error Codes for Chart Review Duplicate Logic

- **Error Code 98315 – Linked Chart Review Duplicate –** The system shall reject an encounter at the header level (Loop 2300) when a Linked Chart Review encounter contains the same data values as a chart review encounter previously accepted and stored in the EDPS. The EDPS will verify the following elements to validate a linked chart review encounter is not duplicated: HICN, ICN, Header level DOS, Diagnosis Code, and TOB (INST).
- **Error Code 98320 – Chart Review Duplicate –** The system shall reject an encounter at the header level when a Chart Review encounter contains the same data values as a chart review encounter previously accepted and stored in the EDPS: HICN, Header level DOS, Diagnosis Code, TOB (INST).

Encounter Data Front-End System Enhancements

Palmetto GBA is implementing enhancements to the Encounter Data front-end data collection gateway. These enhancements include the replacement of the Sybase translator software, currently used for ASC X12 TR3 editing, with TIBCO Foresight. As relative information is available, CMS will advise MAOs and other entities.

May 2014 Part A and Part B CEM Releases

CMS has implemented the following change requests for the Part A and Part B CEM:

- **CR8297** – Claims that contain Adjustments from Other Payers with an Adjustment Group Code of "OA" and an Adjustment Reason Code of 23 are being created incorrectly.
- **CR8468** – Coverage of any additional FDG PET scans, (beyond three (3)), used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-cancer therapy for the same diagnosis will be determined by the local Medicare Administrative Contractors.
- **CR8525** – CMS concluded that implanted permanent cardiac pacemakers, single chamber or dual chamber, are reasonable and necessary for the treatment of non-reversible symptomatic bradycardia due to sinus node dysfunction and second and/or third degree atrioventricular block.

For additional information on these change requests, please visit: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2014-Transmittals.html.

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ANSWERS

Featured Q&As - Answers *(Questions can be found on page 1)*

A1. MAOs and other entities should not void a rejected encounter. If an MAO or other entity attempts to void a rejected encounter, they will receive Error Code 00762 – Unable to Void Rejected Encounter.

A2. EDS submission frequency guidelines are applicable per individual MAO contract. Therefore, encounter data may be submitted separately for each contract, according to the submission frequency for the contract enrollment size.

A3. CMS has not communicated to the industry any restrictions on the number or ratio of unlinked chart reviews that can be submitted to the EDS. MAOs and other entities may submit additional diagnoses codes using a linked or unlinked chart review if the diagnoses are verifiable by the patient's medical records.

National Training Topics for Summer 2014

It's not too late!

CMS invites MAOs and other entities to submit requests for topics they wish to have addressed in the 2014 Encounter Data National Technical Assistance Training this summer. Submit requests to: Encounterdata@cms.hhs.gov. Enter '2014 Encounter Data Training Suggestions' in the subject line of the email. Stay tuned for more information!

RESOURCES

- **Encounter Data System Information**
  http://www.csscoperations.com
  csscoperations@palmettogba.com
- **Risk Adjustment Model Diagnoses**
  http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.htm
- **X12 Version 5010 Standards**
  https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0l
- **EDS Inbox**
  encounterdata@cms.hhs.gov
- **CMS**
  http://www.cms.gov
- **CEM/CEDI Technical Reporting Formats**
  http://www.cms.gov/Medicare/Billing/MFFS5010D0/index.html?redirect=/MFFS5010D0/20_TechnicalDocumentation.asp
- **Washington Publishing Company**
  http://www.wpc-edi.com

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