## Risk Adjustment (RA) Policy and Operations Clarification: Submission of Supplemental Diagnosis Codes

Issuers may submit supplemental diagnosis codes (SDCs) when relevant diagnoses are missing or omitted in claim or encounter submissions to the EDGE server. SDCs are submitted via the EDGE Server Supplemental Diagnosis File, or ESSFS, and CMS only permits the submission of supplemental diagnoses when specific conditions are met. For example, the supplemental diagnosis code must be related to medical services performed during the patient visit, and must be the result of a medical service(s) that resulted in a paid medical claim or reported encounter.[1]

Some issuers have expressed concern that simple data entry inconsistencies related to the dates attached to SDCs will cause them to be either rejected as errors, or flagged during a risk adjustment data validation (RADV) audit and treated as errors. The following are the relevant business rules regarding dates and medical claims in supplemental diagnosis submissions:

- A supplemental diagnosis must be linked to a previously submitted and accepted EDGE server medical claim[2] and must include the original medical claim ID.
- The medical service(s) that result in a supplemental diagnosis code must have occurred during the data collection period (January 1 through December 31, 20XX) for a given benefit year.[3] A supplemental diagnosis code must be associated with a paid claim or encounter for services that occurred during an enrollee's period of enrollment in a RA-covered plan. Supplemental diagnosis codes from denied claims are not acceptable.[4]
- The submission of a supplemental diagnosis code must include "Date of Service – From" and "Date of Service – To" dates for the service that resulted in the supplemental diagnosis code.[5] These dates must fall within the "Statement Covers From" and "Statement Covers Through" dates at the claim header level on the linked Original Medical Claim.[6]

Issuers have also inquired about how to handle situations in which supplemental diagnoses will be rejected because the original claim service date does not match the date from the medical record.

**Example:** A particular enrollee's claim service date is 2/10/2016. Following medical record review by the issuer, the service date is validated as 2/1/2016, and a supplemental diagnosis code is validated. The medical record also validates that the physician's signature for the service is 2/1/2016. Since the EDGE business rule for submission of a supplemental diagnosis requires the original claim date, submission of the supplemental diagnosis will result in a submission error.

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[1] For all SDC business rules, see the EDGE Server Business Rules (ESBR), Section 8 posted at www.REGTAP.info
[2] EBSR Section 8.2, Table 69, Rule 1
[3] ESBR Section 8.2, Table 69, Rule 3
[4] EBSR Section 8.2, Table 69, Rule 4
[5] ESBR Section 8.2, Table 69, Rule 5
[6] ESBR Section 8.6, Table 73, Rules 2 and 3

**Resolution:** The issuer should correct the original medical claim by submitting a replacement claim with the correct service date and validated diagnosis codes.

We encourage issuers to submit their data early so that they have time to review error codes and make necessary corrections. Please see Appendix A for relevant error codes.

## Appendix A:

| File Type | Data Element | Error Level | Error Type | Unique ID | Error Code | Error Message | Group | Action | ICD (v02.01.07) ESBR (v6.0) Reference |
|---|---|---|---|---|---|---|---|---|---|
| Supplemental | Date of Service - From | 3 | 4 | 61 | 3.4.61 | ServiceFromDate value must be less than or equal to ServiceToDate if populated | Date/Time Comparison | Verify the Date of Service - From is less than or equal to the Date of Service - To. | ICD Table 37 |
| Supplemental | Date of Service - To | 3 | 4 | 62 | 3.4.62 | ServiceToDate value must be greater than or equal to ServiceFromDate if populated | Date/Time Comparison | Verify the Date of Service - To is greater than or equal to the Date of Service - From. | ICD Table 37 |
| Supplemental | Date of Service - From | 3 | 5 | 47 | 3.5.47 | ServiceFromDate value must be greater than or equal to statementCoverageFromDate in the medical claim service line | Supplemental / Medical Association Error | Verify the Date of Service - From on the supplemental file is equal to or greater than the Statement Covers From date on the medical claim. | ESBR, Sec 8.6, Table 73 |
| Supplemental | Date of Service - To | 3 | 5 | 48 | 3.5.48 | ServiceToDate value must be less than or equal to statementCoverageToDate in the medical claim service line | Supplemental / Medical Association Error | Verify the Date of Service - To on the supplemental file is equal to or less than the Statement Covers Through date on the medical claim. | ESBR, Sec 8.6, Table 73 |