

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services  
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Baltimore, Maryland 21244-1850



**CENTER FOR MEDICARE**

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**DATE:** October 20, 2021

**TO:** All Medicare Advantage, Cost, PACE, and Demonstration Organizations Systems Staff

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

**SUBJECT:** Encounter Data Software Release Updates: 2021 Quarter 4 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 (MA) program. The changes described in this memo impact edits within the Encounter Data Processing System (EDPS) and are effective for submissions beginning November 05, 2021.

**Edit 98320 “Chart Review Duplicate”**

Edit 98320 is a chart review reject edit. This edit validates a chart review submission to determine if it is a duplicate based on the following data elements: Beneficiary identifier, Header Date of service, Diagnosis code(s), Reference Internal Control Number (ICN)/Associated ICN and for Institutional records only, the Type of Bill (TOB). The edit logic will be updated to address a specific scenario in which a Chart Review Record-Delete (CRR-Delete) or Chart Review Record (CRR-Add) is rejected because the EDPS considers the record to be a duplicate record to an existing CRR-Add or CRR-Delete. To allow the CRR-Delete or CRR-Add record to process correctly, EDPS will include the Medical Record Number (MRN) field in the list of data elements validated in the edit logic. Please reference the [Encounter Data Submission and Processing Guide](#) for more details on submitting a CRR-Delete.

This change will only check the MRN history using this updated logic for Chart Review records submitted on or after 6/10/2018. The current system does not have the MRN values for records submitted prior to 6/10/2018. MAOs may also use other methods of adjustments, referenced in the [Encounter Data Submission and Processing Guide](#), to make corrections for records submitted prior to 6/10/2018.

**Edit 20510 “Rev Code 054X Requires Specific HCPCS”**

Edit 20510 is an institutional reject edit. This edit validates ambulance services submitted with specific Healthcare Common Procedure Coding System (HCPCS) codes when Rev Code 0540 is

submitted with Type of Bill 12X, 13X, 22X, 23X, 83X or 85X. There will be three updates to the logic for this edit code.

1. The edit will be updated to include HCPCS code A0888 ‘non-covered ambulance mileage per mile, e.g., for miles traveled beyond the closest appropriate facility’ as a valid Mileage HCPCS Code. This update will apply to all submissions, regardless of the date of service.
2. A bypass condition will be added when Modifier ‘QL’ is submitted with a valid Transport HCPCS code. Encounters for any DOS with the following criteria will be bypassed:
  - TOB is 12X, 13X, 22X, 23X, 83X, 85X and
  - Revenue Code 0540 is present and
  - One or more of the following Transport HCPCS Code is present:
    - A0426, A0427, A0428, A0429, A0432, A0433, A0434, A0430, A0431 with **Modifier ‘QL’** and
  - One of the following Mileage HCPCS Codes is not present:
    - A0425, A0888, A0435 or A0436
3. To accommodate certain requirements waived during the COVID—19 PHE, a bypass condition will be added when Modifier ‘CR’ is present. Encounters with the following criteria will be bypassed:
  - TOB is 12X, 13X, 22X, 23X, 83X, 85X and
  - Revenue Code 0540 is present and
  - Transport HCPCS Codes A0427 or A0429 is present with **Modifier ‘CR’** and
  - Mileage HCPCS Codes A0425 or A0888 is not present and
  - The line from date of service is on or after 03/01/20

Questions can be submitted to [RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov), please specify, ‘Encounter Data Software Release Updates: 2021 Quarter 4 Release’ in the subject line. Thank you.