



## MEDICARE PLAN PAYMENT GROUP

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**DATE:** June 9, 2026

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

**FROM:** Shruti Rajan, Acting Director, Medicare Plan Payment Group

**SUBJECT:** Encounter Data Software Release Updates: June 12, 2026

The purpose of this memorandum is to provide information concerning updates to the Encounter Data Processing System (EDPS) effective June 12, 2026. Changes described below include deactivation of edits, updates to the validation criteria within existing edits, and new edits. Edits within the EDPS have two possible dispositions: Informational and Reject.

### *New Edits for Supplemental Benefit Services*

**Edit 19025 ‘Linked Encounter Contains Default Code’** is a new header level reject edit applicable for institutional, professional and DME encounters. This edit validates that a linked chart review record (CRR) is submitted and the accepted parent/original supplemental benefits encounter does not contain the default supplemental benefit services (SBS) diagnosis code, ‘SBSD1’.

The current encounter is a linked chart review record, as identified in the paperwork (PWK) segments, (PWK01 = ‘09’/PWK02 = ‘AA’) and

- The parent/original encounter is in accepted status and
- All the service lines in the parent encounter are identified as SBS (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The header ‘from’ service date is on or after 01/01/2024 and
- The parent/original encounter only contains default diagnosis code ‘SBSD1’.

#### Notes:

1. Edit 19025 is a mandatory header-level edit that takes precedence over line-level edits. No line-level edits will be issued once this edit is assigned at the header-level.
2. The edit is applicable only for the parent/original encounters that are processed on or after the implementation date of the CR.
3. Bypass this edit for CRR-deletes.

**Edit 19030 ‘Default Code Not Allowed for CRR’** is a new header level reject edit applicable for institutional, professional and DME encounters. This edit validates that CRR encounters are not submitted using the default supplemental benefit services (SBS) diagnosis code ‘SBSD1’.

The current encounter is a linked or unlinked chart review record (PWK01 = ‘09’/PWK02 = ‘AA’) and

- CRR contains a default diagnosis code of ‘SBSD1’ and
- The statement ‘from’ service date is on or after 01/01/2024

Notes:

1. Bypass the edit for professional and DME encounters when the header place of service (POS) code is ‘66’ (PACE center).
2. Bypass this edit for CRR-deletes.
3. Edit 19030 is a mandatory header-level edit that takes precedence over line-level edits. No line-level edits will be issued once this edit is assigned at the header-level.

### ***Update Edits for Supplemental Benefit Services***

**Edit 19000 ‘Invalid Supplemental Benefit Submission’** is an existing line level reject edit applicable for professional, institutional, and durable medical equipment (DME) encounters. This edit validates that the SBSC code submitted in PWK06 is a valid code for the service date. This edit will be updated to remove the bypass condition for chart review records.

- Service line contains PWK01 = ‘IR’ and PWK02 = ‘EM’ and PWK05 = ‘AC’ and
- PWK06 does not match with SBSC reference data table stored in EDPS for the service date and
- The service line ‘from’ date is on or after 01/01/2024

Notes:

1. Case sensitive check will be ignored in matching criteria; otherwise validate for an exact match on PWK06. Leading and trailing spaces will be ignored

**Edit 19005 ‘Missing Supplemental Benefit Details’** is an existing service line and header level reject edit applicable for professional, institutional, and DME encounters. This edit validates that the supplemental benefits indicator is submitted when any of the default diagnosis (header level), default procedure, or default revenue codes are also submitted. If this edit is posted at the header level, the entire record will be rejected, and the edit will not also post at the line for the same encounter. This edit will be updated to remove the bypass condition for chart review records.

Professional and DME encounters at a line level when the following conditions are met:

- Service line contains a default procedure code of ‘SBSP1’ or
- Service line points to a default diagnosis code of ‘SBSD1’ and
- Service line is not identified as SBS (PWK01 = ‘IR’, PWK02 = ‘EM’, PWK05 = ‘AC’, and PWK06 = valid SBSC code for date of service) and
- The service line ‘from’ date is on or after 01/01/2024

OR

Professional and DME encounters at a header level when the following conditions are met:

- Encounter contains a default diagnosis code of ‘SBSD1’ and
- None of the service lines are identified as SBS (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = valid SBSC code for date of service) and

- The statement 'from' date is on or after 01/01/2024

OR

Institutional encounters at a line level when the following conditions are met:

- Service line contains a default procedure code of 'SBSP1' or a default revenue code of '1111' and
- Service line is not identified as SBS (PWK01= 'IR', PWK02= 'EM', PWK05= 'AC', and PWK06 = valid SBSC code for date of service) and
- The service line 'from' date is on or after 01/01/2024

OR

Institutional encounters at a header level when the following conditions are met:

- Encounter contains a default diagnosis code of 'SBSD1' in primary, admitting, and/or other diagnosis field and
- None of the service lines are identified as SBS (PWK01= 'IR', PWK02= 'EM', PWK05= 'AC', and PWK06 = valid SBSC code for date of service) and
- The statement 'from' date is on or after 01/01/2024

Notes:

1. The edit will post if the encounter contains default diagnosis code 'SBSD1' and a valid diagnosis code.
2. The header level edit 19005 will take precedence over the line level portion of the same edit or any other line level edits; once assigned at the header level, no line level edits will be issued. Edit 19005 will be applied at either the header or at the line level.

### ***Deactivated Edits for Supplemental Benefit Services***

#### **De-activate edits 19010, 19020**

As part of the changes to supplemental benefits submission on chart review records, the following edits will be deactivated on March 20<sup>th</sup>, 2026. If you feel that previous submissions that received this edit will now be accepted, you can resubmit those encounters.

**19010 – 'Supplemental Service on CRR Not Allowed'**

**19020 – 'CRR linked to Supplemental Services'**

## *New Edits for All Encounters*

**Edit 27070 ‘Invalid Diagnosis Cluster for ICD’** is a new service line level informational edit applicable for institutional and professional encounters. This edit validates that Implantable Cardiac Defibrillators (ICDs) procedure codes are submitted with the appropriate type of bill (TOBs), place of service, and applicable ICD-10 diagnosis code cluster. This edit is effective for all encounters submitted with a ‘from’ service date on or after February 15, 2018. When IDE Trial Number is submitted, the encounter must also contain ICD-10 diagnosis code Z00.6.

- The place of service code is 19, 21, 22, 24 or 26 and
- The service line ‘from’ service date is on or after 02/15/2018 and
- CPT code 33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, or G0448 is present and
- One of the following ICD-10 diagnosis codes is not present:
  - I42.1, I42.2, I45.6, I45.81, I45.89, I46.2, I46.9, I47.2, I49.01, I49.02, I49.3, I49.9, T82.110A, T82.111A, T82.118A, T82.119A, T82.120A, T82.121A, T82.128A, T82.129A, T82.190A, T82.191A, T82.198A, T82.199A, T82.7XXA, Z45.02, or Z86.74 or
  - I5A effective for ‘from’ service date on or after 10/01/2021 or
  - I47.20, I47.21, or I47.29 effective for ‘from’ service date on or after 10/01/2022 or
- One of the following ICD-10 diagnosis code pair is not present:
  - I25.2, I25.5, I42.0, I42.6, I42.7, or I42.8 and
  - I50.21, I50.22, I50.23, I50.41, I50.42, or I50.43 or
- ICD-10 diagnosis codes Z76.82 and I50.84 are not present or
- ICD-10 diagnosis code Z00.6 is not present, and IDE Trial Number is present in 2300 REF02 with REF01 = LX (Encounter must also contain Z00.6 when IDE Trial Number is submitted).

OR

- The place of service code is 19, 21, 22, 24 or 26 and
- The service line ‘from’ service date is on or after 02/15/2018 and
- CPT code 33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224, or 33225 is present and
- One of the following ICD-10 diagnosis codes is not present:
  - G90.01, I42.1, I42.2, I44.0, I44.1, I44.2, I44.30, I44.7, I45.10, I45.19, I45.2, I45.3, I45.6, I45.81, I45.89, I46.2, I46.9, I47.1, I47.2, I47.9, I48.11, I48.19, I48.3, I48.4, I48.91, I48.92, I49.01, I49.02, I49.3, I49.5, I49.9, Q24.6, T82.110A, T82.111A, T82.118A, T82.119A, T82.120A, T82.121A, T82.128A, T82.129A, T82.190A, T82.191A, T82.198A, T82.199A, T82.7XXA, Z45.02, or Z86.74 or
  - I5A effective for ‘from’ service date on or after 10/01/2021 or
  - I47.20, I47.21, or I47.29 effective for ‘from’ service date on or after 10/01/2022 or
  - I47.10, I47.11, or I47.19 effective for ‘from’ service date on or after 10/01/2023 or
- One of the following ICD-10 diagnosis code pair is not present:
  - I25.2, I25.5, I42.0, I42.6, I42.7, or I42.8 and
  - I50.21, I50.22, I50.23, I50.41, I50.42, or I50.43 or
- ICD-10 diagnosis codes Z76.82 and I50.84 are not present or
- ICD-10 diagnosis code Z00.6 is not present, and IDE Trial Number is present in 2300 REF02 with REF01 = LX (Encounter must also contain Z00.6 when IDE Trial Number is submitted).

OR

- The place of service code is 19, 21, 22, 24 or 26 and
- The service line 'from' service date is on or after 10/20/2023 and
- CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T is present and
- One of the following ICD-10 codes is not present:
  - I42.1, I42.2, I45.6, I45.81, I45.89, I46.2, I46.9, I47.20, I47.21, I47.29, I49.01, I49.02, I49.3, I49.9, I5A, T82.110A, T82.111A, T82.118A, T82.119A, T82.120A, T82.121A, T82.128A, T82.129A, T82.190A, T82.191A, T82.198A, T82.199A, T82.7XXA, Z45.02, or Z86.74 or
- One of the following ICD-10 diagnosis code pair is not present:
  - I25.2, I25.5, I42.0, I42.6, I42.7, or I42.8 and
  - I50.21, I50.22, I50.23, I50.41, I50.42, or I50.43 or
- ICD-10 diagnosis codes Z76.82 and I50.84 are not present or
- ICD-10 diagnosis code Z00.6 is not present, and IDE Trial Number is present in 2300 REF02 with REF01 = LX (Encounter must also contain Z00.6 when IDE Trial Number is submitted).

**Notes:**

1. EDPS uses the header level place of service code when the line level POS is not submitted.
2. For Professional encounters, EDPS uses diagnosis pointers to ensure the service line containing the Procedure code is pointing to the required diagnosis code(s).

**Edit 27075 'Invalid Diagnosis Cluster for ICD PCS'** is a new header level informational edit applicable for institutional encounters. This edit validates the submitted Implantable Cardiac Defibrillators (ICDs) ICD-10 PCS codes on Type of bill (TOB) 11X, contain the applicable ICD-10 diagnosis code clusters are present for encounters with a 'through' service date on or after February 15, 2018. When an IDE Trial Number is submitted, encounter must also contain ICD-10 diagnosis code Z00.6.

- Type of bill (TOB) is 11X and
- The header 'through' service date is on or after 02/15/2018 and
- One of the following ICD-10 PCS codes is present:
  - 0JH608Z, 0JH609Z, 0JH638Z, 0JH639Z, 0JH808Z, 0JH809Z, 0JH838Z, 0JH839Z, 02H43KZ, 02H60KZ, 02H63KZ, 02H64KZ, 02H70KZ, 02H73KZ, 02H74KZ, 02HK0KZ, 02HK3KZ, 02HK4KZ, 02HL0KZ, 02HL3KZ, 02HL4KZ, 0JH60FZ, or 0JH63FZ and
- One of the following ICD-10 diagnosis codes is not present:
  - I42.1, I42.2, I45.6, I45.81, I45.89, I47.2, I49.3, I49.01, I49.02, I46.2, I46.9, I49.9, Z45.02, or Z86.74 or
  - I5A effective for 'through' service date on or after 10/01/2021 or
  - I47.20, I47.21, or I47.29 effective for 'through' service date on or after 10/01/2022 or
- One of the following ICD-10 diagnosis code pair is not present:
  - I25.2, I25.5, I42.0, I42.6, I42.7, or I42.8 and
  - I50.21, I50.22, I50.23, I50.41, I50.42, or I50.43 or
- ICD-10 diagnosis codes Z76.82 and I50.84 are not present or
- ICD-10 diagnosis code Z00.6 is not present, and IDE Trial Number is present in 2300 REF02 with REF01 = LX (Encounter must also contain Z00.6 when IDE Trial Number is submitted).

OR

- Type of bill (TOB) is 11X and
- The header 'through' service date is on or after 10/01/2023 and

- One of the following ICD-10 PCS codes is present:
  - 0WHC0GZ, 0WHC3GZ, 0WHC4GZ, 0WPC0GZ, 0WPC3GZ, 0WPC4GZ, 0WPCXGZ, 0WWC0GZ, 0WWC3GZ, 0WWC4GZ, 0WWCXGZ and
- One of the following ICD-10 diagnosis codes is not present:
  - I42.1, I42.2, I45.6, I45.81, I45.89, I47.2, I49.3, I49.01, I49.02, I46.2, I46.9, I49.9, Z45.02, I5A, I47.20, I47.21, I47.29, or Z86.74 or
- One of the following ICD-10 diagnosis code pair is not present:
  - I25.2, I25.5, I42.0, I42.6, I42.7, or I42.8 and
  - I50.21, I50.22, I50.23, I50.41, I50.42, or I50.43 or
- ICD-10 diagnosis codes Z76.82 and I50.84 are not present or
- ICD-10 diagnosis code Z00.6 is not present, and IDE Trial Number is present in 2300 REF02 with REF01 = LX(Encounter must also contain Z00.6 when an IDE Trial Number is submitted).

**Edit 27080 ‘CCM ICD-10-PCS Billing Error’** is a new header level informational edit applicable for institutional encounters. This edit validates that the ICD-10 PCS codes submitted on Inpatient Hospital (Type of bill 11X) have the correct condition code, value code, National Clinical Trial (NCT) number, and the specific Primary ICD-10 diagnosis codes and Z00.6 as Other ICD-10 diagnosis code. This edit is effective for submitted encounters with a ‘through’ service date on or after October 28, 2025.

- The ICD-10-PCS codes 0JH60AZ, 0JH63AZ, 0JH80AZ, 0JH83AZ, 02H63MZ, or 02HK3MZ are present and
- The encounter header ‘through’ service date is on or after 10/28/2025 and
- The TOB is not equal to 11X or
- The condition code 30 is not present or
- Value code D4 with the Clinical Trial Registry number is not present or
- One of the following ICD-10 diagnosis codes is not present as the primary diagnosis code
  - I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, or I50.9 or
- The ICD-10 diagnosis code Z00.6 is not present as the other diagnosis code

**Edit 27085 ‘CCM Clinical Trial Billing Error’** is a new header level informational edit applicable for institutional and professional encounters.

For institutional encounters, the edit will validate that the appropriate CPT/HCPCS are submitted with Outpatient Hospitals type of bill with the necessary condition code or modifier, value code, the National Clinical Trial (NCT) number, and the specific Primary ICD-10 diagnosis codes and Z00.6 as another ICD-10 diagnosis code. This edit is effective for service line ‘from’ service date on or after October 28, 2025.

For professional encounters the edit validates that the appropriate CPT/HCPCS codes, place of service, and modifier ‘Q0’, are submitted with specific Primary ICD-10 diagnosis codes, Z00.6 as another ICD-10 diagnosis code and the National Clinical Trial (NCT) number effective for the service date on or after October 28, 2025, for professional encounters.

#### **Institutional**

- The CPT codes 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T or
  - HCPCS codes C1824, C1898, or K1030 are present and

- The line ‘from’ service date is on or after 10/28/2025 and
- The TOB is not equal to 12X, 13X or 85X or
- The condition code ‘30’ and modifier ‘Q0’ is not present or
- Value code D4 with the Clinical Trial Registry number is not present or
- One of the following ICD-10 diagnosis codes is not present as the primary diagnosis code:
  - I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, or I50.9 or
- The ICD-10 diagnosis code Z00.6 is not present as another diagnosis code

### Professional

- The CPT codes 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T or HCPCS code C1824, C1898, or K1030 are present and
- The line ‘from’ service date is on or after 10/28/2025 and
- The place of service is not 11, 19, 21, 22, 24, 26, 71 or 72 or
- Modifier Q0 is not present on the service line or
- One of the following ICD-10 diagnosis codes is not present as the primary diagnosis code:
  - I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, or I50.9 or
- The ICD-10 diagnosis code Z00.6 is not present as another diagnosis code or
- The clinical trial number is not present on the 2300 REF02 segment where REF01=P4.

### Notes:

1. EDPS will only ensure the clinical trial number is populated. This number will not be validated against any reference data to ensure it is a correct clinical trial number.
2. For Professional encounters, EDPS uses diagnosis pointers to ensure the service line containing the Procedure code is pointing to the required diagnosis code(s).
3. If service line POS is not submitted, EDPS will use the header POS.

**Edit 27090 ‘RDN ICD-10-PCS Billing Error’** is a new header level informational edit that is applicable to institutional encounters. This edit will validate that the Renal Denervation (RDN) for uncontrolled hypertension ICD-10-PCS codes are submitted on inpatient hospital type of bill with the appropriate condition code, value code, the National Clinical Trial (NCT) number, and the ICD-10-CM diagnosis codes. This edit is effective for encounter ‘through’ service date on or after October 28, 2025.

- The ICD-10-PCS code X051329 or X05133A is present and
- The encounter header ‘through’ service date is on or after 10/28/2025 and
- The TOB is not equal to 11X or
- The condition code 30 is not present or
- Value code D4 with the Clinical Trial Registry number is not present or
- One of the following ICD-10-CM diagnosis codes is not present:
  - I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, I15.2, I15.8, I15.9, I16.0, I16.1, I16.9, or I1A.0 or
- The ICD-10 diagnosis code Z00.6 is not present as the other diagnosis code

**Edit 27095 ‘RDN Clinical Trial Billing Error’** is a new line level informational edit applicable for institutional and professional encounters. For professional encounters this edit will validate that the Renal Denervation (RDN) for uncontrolled hypertension CPT codes or HCPCS codes are submitted with the appropriate place of service, modifier, specific ICD-10-CM Diagnosis Codes, and the National Clinical Trial (NCT) number. This edit is effective for encounters with a for the service line ‘from’ service date on or after October 28,2025.

For institutional encounters, this edit will validate when type of bill 13X (Hospital Outpatient) and Renal Denervation (RDN) for uncontrolled hypertension ICD-10 PCS codes are submitted with appropriate CPT codes or HCPCS codes, modifier or condition code, specific ICD-10-CM diagnosis codes, and the National Clinical Trial (NCT) number. This edit is effective for encounters the line ‘from’ service date on or after October 28, 2025.

#### Professional

- CPT code 0338T, 0339T or 0935T or HCPCS code C1735 or C1736 is present and
- The line ‘from’ service date is on or after 10/28/2025 and
- The POS is not 19, 21, 22 or 24 or
- Modifier Q0 is not present on the service line or
- One of the following ICD-10-CM diagnosis codes is not present:
  - I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, I15.2, I15.8, I15.9, I16.0, I16.1, I16.9, or I1A.0 or
- The ICD-10 diagnosis code Z00.6 is not present as the other diagnosis code or
- The clinical trial number is not present on the 2300 REF02 (REF01=P4) segment

#### Institutional

- CPT code 0338T or 0339T or HCPCS code C1735 or C1736 is present and
- The line ‘from’ service date is on or after 10/28/2025 and
- The TOB is not equal to 13X or
- Value code D4 with the Clinical Trial Registry number is not present or
- One of the following ICD-10-CM diagnosis codes is not present:
  - I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, I15.2, I15.8, I15.9, I16.0, I16.1, I16.9, or I1A.0 or
- The ICD-10 diagnosis code Z00.6 is not present as the other diagnosis code or
- The condition code 30 is not present and Modifier Q0 is not present

#### Notes:

1. EDPS will only ensure clinical trial number is submitted or not. However, it will not be validated against any reference data to ensure it is a correct clinical trial number.
2. For professional encounters, EDPS uses diagnosis pointers to ensure the service line containing the Procedure code is pointing to the required diagnosis code(s).
3. If service line POS is not submitted, EDPS will use header POS.



### ***Edit Updates for All Encounters***

**Edit 00780 ‘Adjustment Must Match Original’** is an existing reject edit applicable to all encounters. This edit is updated to bypass the validation for type of bill (TOB) and billing provider NPI for institutional encounters and the place of service (POS) code and the billing provider NPI for professional and DME encounters when the encounter submission date is after the Risk Adjustment (RA) deadline date for service years effective from 2018. Updated to the edit are bolded below.

#### **Institutional**

- The current encounter is a correct/replace adjustment encounter and
- The Internal Control Number (ICN) of the original encounter to be adjusted/replaced is present in the EDPS in an ‘accepted’ status and
- **The header ‘from’ service date on the current encounter is on or after 01/01/2018 and**
- **The ICN date is after the Risk Adjustment (RA) submission deadline date and**
- **One of the following data elements are not the same for the current and original encounters:**
  - **Medicare Beneficiary Identifier (MBI) – header level**
  - **Last name (first 5 characters) – header level**
  - **First name (first character) – header level**
  - **Payer ID – header level**

OR

- The current encounter is a correct/replace adjustment encounter and
- The Internal Control Number (ICN) of the original encounter to be adjusted/replaced is present in the EDPS in an ‘accepted’ status and
- **The ICN date is before or equal to the Risk Adjustment (RA) submission deadline date and**
- One of the following data elements are not the same for the current and original encounters:
  - Medicare Beneficiary Identifier (MBI) – header level
  - Last name (first 5 characters) – header level
  - First name (first character) – header level
  - Type of bill – header level
  - Billing provider NPI – header level
  - Payer ID – header level

#### **Professional and DME**

- The current encounter is a correct/replace adjustment encounter and
- The Internal Control Number (ICN) of the Original encounter to be adjusted/replaced is present in the EDPS in an ‘accepted’ status and
- **The header ‘from’ service date on the current encounter is on or after 01/01/2018 and**
- **The ICN date is after the Risk Adjustment (RA) submission deadline date and**
- **One of the following data elements are not the same for the current and original encounters:**
  - **Medicare Beneficiary Identifier (MBI) – header level**
  - **Last name (first 5 characters) – header level**
  - **First name (first character) – header level**

- **Payer ID**

OR

- The current encounter is a correct/replace adjustment encounter and
- The Internal Control Number (ICN) of the Original encounter to be adjusted/replaced is present in an ‘accepted’ status and
- **The ICN date is before or equal to the Risk Adjustment (RA) submission deadline date and**
- One of the following data elements are not the same for the current and original encounters:
  - Medicare Beneficiary Identifier (MBI) – header level
  - Last name (first 5 characters) – header level
  - First name (first character) – header level
  - Place of service– header level
  - Billing provider NPI – header level
  - Payer ID

Notes:

1. If the last name (first 5 characters)/ first name (first character) on the current encounter does not match with parent encounter, the system will validate names against CMS’ beneficiary source data.
2. The service year is determined based on header ‘through’ service date

Questions can be submitted to [RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov). Please specify “Encounter Data Software Release Updates: June 2026 Release” in the subject line. Thank you.

## **Appendix A**

The Memo contains patient discharge status codes, revenue, and condition codes. The American Hospital Association (AHA) has granted to the Centers for Medicare & Medicaid Services (CMS or the agency) and its authorized agents a limited, royalty-free permission to reproduce portions of the National Uniform Billing Code (NUBC) UB-04 Data Specifications Manual and a limited license to use NUBC UB-04 Specifications Data in CMS publications, both print and electronic media, as agency requirements demand.

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