

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services  
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**CENTER FOR MEDICARE**

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**DATE:** November 29, 2019

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

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

**SUBJECT:** Announcement of December 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. These changes will be implemented on December 20, 2019.

**Chart Review Records (CRR)-related Edits:** CMS is implementing a new reject edit and three edit updates. The purpose of the new edit and three edit updates is to improve data integrity by (a) ensuring that the intent of a Chart Review Record-Delete (CRR-Delete) submission is clear and (b) ensuring that data submission is consistent with guidance as described in Section 2.3.3 of the Encounter Data Submission and Processing Guide.<sup>1</sup>

New edit

Edit 00855 – ‘CRR-Delete linked to CRR-Delete’ – This edit will reject a CRR-Delete record that attempts to replace or link to a previously submitted and accepted CRR-Delete record when the previously submitted and accepted CRR-Delete (original or replacement) was accepted on or after June 11, 2018. Submitters will no longer be able to link a replacement CRR-Delete to an existing and accepted CRR-Delete. If a submitter intends to nullify or change information included on a previously submitted and accepted CRR-Delete, the submitter must submit a void for the previously submitted and accepted CRR-Delete record.

Updated edits

The three edits listed below are posted when the claim frequency code of a CRR is equal to ‘1’. CMS updated the logic of these edits to include all claim frequency codes with the exception of ‘7’ (Replacement) and ‘8’ (Void). The updated edit logic applies for encounter data submitted on or after December 20, 2019 and for all dates of service.

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<sup>1</sup> A Replacement CRR-Delete cannot be submitted for a Linked CRR-Delete. Submitters must void the previously accepted Linked CRR-Delete to nullify the delete operation.

Edit 00785 – ‘Linked Encounter Not in EDPS’ – This edit has been updated to reject submissions when the record is a CRR and the claim frequency code is not ‘7’ (Replacement) or ‘8’ (Void) and the internal control number (ICN) submitted on the CRR that indicates the previously submitted record to link to is not present in the EDPS database.

Edit 00790 – ‘Linked Encounter is Voided/Adjusted’ – This edit has been updated to reject submissions when the record is a CRR and the claim frequency code is not ‘7’ (Replacement) or ‘8’ (Void) and the record that it is being linked to is present in the EDPS database, but has been voided or replaced.

Edit 00795 – ‘Linked Encounter is Rejected’ – This edit has been updated to reject submissions when the record is a CRR and the claim frequency code is not ‘7’ (Replacement) or ‘8’ (Void) and the record that it is being linked to is present in the EDPS database, but is a rejected record.

**NPI-related Edits:** The purpose of the new National Provider Identifier (NPI) edits described below is to improve data integrity by ensuring that when populated, the values submitted are for active and valid NPIs. These edits apply to all encounter data (i.e., encounter data records and chart review records) submitted on or after December 20, 2019 and for all dates of service.

Edit 01425 – ‘Invalid Rendering Provider NPI’ – This new edit will reject encounter data when the rendering provider NPI submitted on Professional, Institutional, and DME Encounters is not found or is invalid within the National Plan and Provider Enumeration System (NPPES) for the ‘from’ date of service.

Edit 01430 – ‘Invalid Referring Provider NPI’ – This new edit will reject encounter data when the referring provider NPI submitted on Professional, Institutional, and DME Encounters is not found or is invalid within NPPES for the ‘from’ date of service.

Edit 01435 – ‘Invalid Ordering Provider NPI’ – This new edit will reject encounter data when the ordering provider NPI submitted on Professional and DME Encounters is not found or is invalid within NPPES for the ‘from’ date of service. This edit does not apply to Institutional Encounters.

Edit 30261 – ‘Referring Physician NPI Required’ – This current informational edit is posted when the Referring Provider NPI is not submitted on the Durable Medical Equipment (DME) encounter header or the Referring Provider NPI submitted on the DME encounter is not present in NPPES for the encounter ‘From’ date of service. With the introduction of edit 01430, edit 30261 is updated to bypass the NPPES validation but will continue to ensure that a Referring Physician NPI is populated for DME encounters.

**Edits regarding Skilled Nursing Facility (SNF) encounters:** These three new informational edits are being implemented to align the encounter data processing system with the new Medicare fee-for-service Patient Driven Payment Model (PDPM)<sup>2</sup>, which is a new case-mix classification model that, effective beginning October 1, 2019, will be used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF patients in a

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<sup>2</sup> <https://www.cms.gov/medicare/medicare-fee-for-service-payment/snfpps/pdpm>

covered Part A stay. These edits apply to encounter data submitted on or after December 20, 2019, with TOB 18x or 21x, a header date of service on or after October 1, 2019.

Edit 25015 – ‘SNF Interrupted Stay’ – This new informational edit is in line with the Interrupted Stay Policy, which is effective concurrent with the implementation of the PDPM. This policy sets out criteria for determining when Medicare will treat multiple SNF stays occurring in a single Part A benefit period as a single “interrupted” stay, rather than as separate stays under the PDPM. This edit will check the length of the occurrence code span and post when the occurrence span code is 74, SNF PDPM HIPPS codes are billed, and the occurrence span code dates exceed 3 days. This edit applies to all encounter data (i.e., encounter data records and chart review records).

Edit 25020 – ‘SNF Discharge Same SNF’ – This new informational edit is also in line with the Interrupted Stay Policy. If a patient in a covered Part A SNF stay is discharged from the SNF but returns to the same SNF no more than three consecutive calendar days after having been discharged, then this would be considered a continuation of the same SNF stay. The edit checks the admission and discharge dates for SNF admissions when the admission date on one SNF encounter and the discharge date on another SNF encounter for the same provider and beneficiary are less than 3 days apart or vice versa.

There are two scenarios when this edit can post:

1. The Type of Bill (TOB) equals 18X or 21X, the encounter was not submitted as a chart review record, the encounter header from date is on or after October 1, 2019 on the current encounter, and SNF PDPM HIPPS codes are being billed. The edit will post if the discharge date on the current encounter and the admission date on another encounter for the same provider and same beneficiary (TOB 18X or 21X with header from date of service is on or after October 1, 2019) is less than 3 days apart.
2. The TOB equals 18X or 21X, the encounter was not submitted as a chart review record, the encounter header from date is on or after October 1, 2019 on the current encounter, and SNF PDPM HIPPS Codes are being billed. This edit will post if the admission date on the current encounter and the discharge date on another encounter for the same provider and same beneficiary (TOB 18X or 21X with header from date of service on or after October 1, 2019) is less than 3 days apart.

Edit 21958 – ‘Rehab Therapy Ancillary Codes Required’ – This informational edit has been updated and applies only to institutional encounter data (i.e., encounter data records and chart review records). Since revenue code 0022 indicates that a claim is being paid using the SNF PPS, the introduction of SNF PDPM required the edit logic to be updated accordingly. This edit will no longer be posted for the following conditions: TOB is 18X or 21X, the encounter line contains revenue code 0022 and a SNF PDPM HIPPS code, the through date of service is on or after October 1, 2019, and revenue codes 042X, 043X, or 044X are not being billed on other lines in the same record.

**Updates to Existing Edit.** The following edit is updated to align with new ICD-10 diagnosis codes and applies to all encounter data records and chart review records submitted on or after December 20, 2019.

Edit 31100 – ‘Invalid Dx Code for CPT/HCPCS’ – This edit applies only to DME records with from dates of service on or after August 13, 2019. The edit has been updated to include new ICD-10 Diagnosis codes for intravenous immune globulin. This change is a result of updates to coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home<sup>3</sup>. The new ICD-10 codes added to this edit are G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5, D82.1, D82.4, and D83.1.

The edit logic has also been updated to ensure that if one or more of the following HCPCS Codes, J1556, J1557, J1566, J1568, J1569, J1572, or J1599, is present on an encounter service line, then one of the qualifying ICD-9 or ICD-10 diagnosis codes for Intravenous Immune Globulin is also present on the same line.

Questions can be addressed to [encounterdata@cms.hhs.gov](mailto:encounterdata@cms.hhs.gov), please specify, “December 2019-Encounter Data Software Release” in the subject line.

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<sup>3</sup> <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11295.pdf>