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SERVICES
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MEDICARE PLAN PAYMENT GROUP

DATE: May 26, 2023

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: June 2023 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 existing edits
within the Encounter Data Processing System (EDPS) and are effective for submissions
beginning June 16, 2023.

Updating Reject Edit to disallow non-numeric values

Edit 18905 "Age is 0 or exceeds 124" is a reject edit that applies to institutional encounter data
records. When EDPS processes the record, the beneficiary age is calculated as the difference
between the admission date and the submitted date of birth. If a calculated value is outside of the
allowed range, institutional reject edit '18905 Age is 0 or exceeds 124' will post to the
encounter. This update will enhance the edit so that it validates the values submitted in the Date
of Birth field only if they are numeric in the CCYYMMDD format (similar to Fee For Service
claim editing) and will post to the encounter if non-numeric values are submitted.

New institutional informational edit

Edit 18990 "Unspecified Diagnosis Code" is a new institutional informational edit. Unspecified
diagnosis codes exist within the ICD-10 classification and may be used if documentation in the
medical record does not provide the level of detail needed to support reporting a more specific
code. The use of these unspecified codes in an inpatient setting is very limited and CMS
announced changes to the manner FFS handles these codes in an institutional setting in CMS
CR12471, Transmittal 11059. The EDPS has added similar editing with the introduction of Edit
18990.

Cont'd: The EDPS will post Edit 18990 when:

- Institutional Encounter and
- Unspecified Diagnosis Code
- Type of Bill is 11X with Billing Provider CCN range is between xx0001 – xx0999 and xx2000 – xx2299 and
- 'Discharge' date is on or after 4/1/2022

Note: This edit will not apply to Admitting Diagnosis Codes but will apply to the Primary and Secondary Diagnosis codes submitted. The system shall bypass this edit for chart review encounters.

Unspecified diagnosis codes list can be found in Table 6P.3A here:
https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipps-final-rule-home-page#Tables

Removing a Discontinued Patient Discharge Status code and updating the disposition for an edit that applies to institutional encounter data records

Edit 20270 "Covered Days Not Equal to One" is an institutional hospital inpatient edit which checks whether the admission date on the encounter is equal to the header from and through dates. The edit is being updated to remove Patient Discharge Status Code 71 from the edit's bypass condition since this code was discontinued. The disposition of this edit code is temporarily being updated from a reject to informational edit.

The EDPS will post edit 20270 when:

- The Type of Bill (TOB) is equal to 11X (Hospital Inpatient) and
- The admission date on the encounter is equal to the header 'From' and 'Through' dates and
- The admission date is on or after the billing provider effective date and
- The covered day count is not equal to 1

This edit will be bypassed when:

- One of the following Patient Discharge Status Codes is present: 02, 03, 05, 07, 50, 51, 61, 62, 63, 65, 66 (Table 1) and
- Condition Code 40 (Same day transfer) is present and
- The Billing Provider CMS Certification Number (CCN) range is XX-0001 through XX-0999, XX-1300 through XX-1399 or XX-3300 Thru XX-3399 and
- The sums of the covered and non-covered days are equal to 1.

Note: The system shall bypass this edit for chart review encounters.

Addition of new Hepatitis B Vaccine HCPCS Code

Edit 20515 – "Immunization Dx Must Align with HCPCS," an informational edit for both professional and institutional encounters, will be updated to add new Hepatitis B Vaccine HCPCS Code 90759. This new HCPCS code is effective from 1/11/2022.

The EDPS will post Edit 20515 when:

- HCPCS 90723, 90740, 90743, 90744, 90745, 90746, 90747, 90748 or G0010 is present on the encounter and

- Diagnosis Code V053 is not present and

- Encounter date of service is prior to 10/01/2015 or

- HCPCS 90723, 90740, 90743, 90744, 90745, 90746, 90747, 90748 or G0010 is present on the encounter and

- Diagnosis Code Z23 is not present and

- Encounter date of service is on or after 10/01/2015 or

- HCPCS 90739 is present on the encounter with service line 'From' date on or after January 1, 2013 and

- Diagnosis Code V053 is not present for encounters with date of service prior to 10/01/2015 or

- Diagnosis Code Z23 is not present for encounters with date of service on or after 10/01/2015 or

- HCPCS 90759 is present on the encounter with service line 'From' date on or after January 11, 2022 and

- Diagnosis Code Z23 is not present on the encounter

Updating applicable TOBs for Edit 20525 'Multiple Ambulance Pick-up Location'

Edit 20525 "Multiple Ambulance Pick-up Location," an institutional reject edit, validates the TOB submitted on an institutional encounter when revenue code 0540 (Ambulance Services) is submitted. During edit review, it was discovered that 83X (ambulatory surgical center) and 85X (outpatient lab services) were omitted from the edit logic.

The EDPS will post Edit 20525 when:

If TOB is 12X, 13X, 22X, 23X, 83X, 85X and

- Revenue code is 0540 and

- Procedure code A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436 or A0888 is present on the encounter service line and

Cont'd

- More than one occurrence of value code 'A0' is combined with an ambulance pick-up location zip code in the value code amount field on the institutional encounter header or

If TOB is 12X, 13X, 22X, 23X, 83X, 85X and

- Revenue code is 0540 and

- Procedure code A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436 or A0888 is present on the encounter service line and

- Value code 'A0' combined with an ambulance pick-up location zip code in the value code amount field is not present on the institutional encounter header or

If TOB is 12X, 13X, 22X, 23X, 83X, 85X and

- Revenue code is 0540 and

- Procedure code A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436 or A0888 is present on the encounter service line and

- Ambulance pick-up location zip code present in value code amount field on the institutional encounter is equal to all zeroes.

Note: The system shall bypass this edit for chart review encounters.

Updating Edit to include Type of Bill 11x (non-PPS Institutional – Hospital Inpatient)

Edit 21994 – "From Date Greater than Admit Date," an informational institutional edit, will be updated to include Type of Bill 11x. An issue was identified during edit review where the edit was not posting to the TOB 11x encounters.

The EDPS will post Edit 21994 when:

- If the Type of Bill = SNF (21X, 22X or 23X) or Non-PPS Hospital Inpatient (TOB 11X) and

- The Statement 'From' Date is greater than 'Admission' Date

New informational edit, a new SNF (Skilled Nursing Facility) inpatient stay is required

Edit 21996 – "A New SNF Inpatient Stay is Required" is an informational institutional edit that identifies when a SNF Patient Driven Payment Model (PDPM) encounter is incorrectly submitted as a continuation of an existing stay that is greater than 3 days and was submitted with Occurrence Span Code 74 (Non-covered level of care/leave of absence dates). These changes reflect similar changes implemented as a reject by CMS Fee for Service in CR12621, transmittal 11649.

The EDPS will post Edit 21996 when:

Cont'd

- SNF PDPM Encounter with Type of Bill (TOB) is 183, 184, 213, 214 and

- Encounter 'Through' DOS is equal to or greater than 04/01/2023 and

- Condition code is not 21 and

- History encounter value in the Occurrence Span Code 74 is greater than 3 and

- History encounter has the same admission date as the Current encounter with the same TOB (18X or 21X), Beneficiary, and Billing Provider NPI and

- History encounter's header 'Through' service date is one day prior to current encounter's header 'From' service date.

Validating institutional encounters when service line is missing the Dates (From and Through) of Service (DOS)

Edit 22205 "Service Line Missing DOS" and **22290** "Service Line Requires DOS" are reject edits that check to ensure there is a DOS on each service line.

During edits review it was determined that edit 22205 and 22290 were not posting when the first encounter line was missing the DOS, but posting for other lines. These edits are being updated to post for any encounter line missing the DOS. These edits are also being updated to remove a component of the logic that validated if the statement date is older than 2011.

Edit 22205 – "Service Line Missing DOS"

The EDPS will post edit 22205 when:

- TOB is equal to 32X (Home Health Prospective Payment System), 33X (Home Health) or 34X (Home Health Services not under a Plan of Treatment) and

- Revenue Code is equal to 0291, 0292, 0293, 0294, 0299, 0274 or 060X (029X codes are DME revenue codes, 0274 is for non-implantable orthotic and prosthetic devices, and 060X is for Oxygen (Home Health)) and

- Encounter service line date of service is not present

Note: The system shall bypass this edit for chart review encounters.

Edit 22290 "Service Line Requires DOS"

The EDPS will post Edit 22290 when:

- TOB is equal to 12X, 13X, 14X, 22X, 23X, 24X, 32X, 33X, 34X, 71X, 72X, 73X, 75X, 77X, 81X, 82X, 83X or 85X (Table 2) and

- A HCPCS Code in the range of Q0163- Q0181 is present and

- Valid line DOS is not present or not within the line statement 'From' and 'Through' dates

Cont'd

Note: The system shall bypass this edit for chart review encounters.

Updating Edit 22320 with new bypass condition

Edit 22320 – "Missing ASC Procedure Code" is an informational edit applicable to institutional and professional encounters. Edit 22320 will be updated with a bypass condition for institutional encounters when TOB 83x (Ambulatory Service Center) is submitted with Ambulance Revenue Code (0540) and Ambulance HCPCS codes. There are no changes to the professional encounter logic of the edit.

The EDPS will post Edit 22320 when:

- TOB 83X is present on the encounter and

- A procedure code is not present on the institutional encounter service line or

- TOB 83X is present on the encounter and

- An ASC procedure code submitted on the institutional encounter service line is not present in the ASC Fee Schedule and

- An ASC procedure code submitted on the institutional encounter service line is not present in the ASC Drug Fee Schedule

Note the system will Bypass this edit if the following conditions are true:

- TOB is 83X and

- Revenue Code is 0540 and

- One or more of the following Ambulance HCPCS codes are being billed:
  - A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, or A0888

Updating Home Health Edit 22470 'Home Health (HH) Claim Missing Skilled Services'

Edit 22470 – "HH Claim missing Skilled Services" is an informational institutional edit that validates the presence of skilled service charges on a home health (TOB 0329 or 0327) encounter at the header. The edit will be updated to replace the Date of Service check with a validation that the submitted admission date is not null.

The EDPS will post Edit 22470 when:

- Type of Bill (TOB) is 0329 or 0327 and

- The admission date is not null and

- The encounter 'From' Date is not equal to the 'Admission' Date and

Cont'd.

- Revenue codes 042x, 043x, 044x or 055x (Table 3) with covered charges [Note: Covered Charge = (Billed Amount minus Non-Covered Charge)] greater than zero is not present on the encounter and

- Condition code 20, 21 or 54 (Table 4) is not present

Updated Diagnosis codes for Intravenous Immune Globulin (IVIG) HCPCS Codes

Edit 31100 – 'Invalid Dx Code for CPT/HCPCS' is being updated with additional ICD-10 diagnosis codes, and ICD-9 diagnosis codes are being removed from the edit logic for IVIG HCPCS codes. Edit 31100 is applicable to DME encounters. The updates to Edit 31100 are similar to CMS FFS CR12973, which added ICD-10 Diagnosis Code D81.82 (Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]) for DOS on or after 10/1/22. Additional ICD-10 codes G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5 were also added that were previously omitted from the edit logic. All IVIG HCPCS ICD-9 codes where removed, as follows: 279.04, 279.05, 279.06, 279.12, 279.2

The EDPS will post Edit 31100 when:

- The encounter line contains a HCPCS code from the Table 5 in the Appendix to the memo and

- The diagnosis code on the encounter does not match a corresponding diagnosis from the Table 5.

Deactivating edits to mirror changes in CMS Fee for Service edits

The following edits will be deactivated:

- **Edit 00195 – 'Wrong Setting for Autologous Platelet Rich Plasma (PRP)' –** professional and institutional informational line level edit

- **Edit 00660 – 'Codes Billed Together in Error'** – professional reject line level edit

Questions can be submitted to RiskAdjustmentOperations@cms.hhs.gov, please specify, "Encounter Data Software Release Updates: June 2023 Release" in the subject line. Thank you.

Appendix

The following tables contain patient discharge status codes, revenue, and condition codes that are relevant to the edits discussed in this memo. 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.

Table 1: Patient Discharge Status Codes and Descriptions for Edit 20270

Patient Discharge Status Code	Description
02	DISCHARGED/TRANSFERRED TO ANOTHER SHORT-TERM HOSPITAL
03	DISCHARGED/TRANSFERRED TO A NURSING FACILITY
05	DISCHARGED/TRANSFERRED TO ANOTHER TYPE INSTITUTION (INCLUDING DISTINCT PARTS) OR REFERRED FOR OUTPATIENT SERVICES TO ANOTHER INSTITUTION
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
50	HOSPICE - HOME
51	HOSPICE - MEDICAL FACILITY
61	DISCHARGED TO A HOSPITAL-BASED MEDICARE APPROVED SWING BED
62	DISCHARGED/TRANSFERRED TO ANOTHER REHAB FACILITY/REHAB UNIT OF A HOSPITAL
63	DISCHARGED/TRANSFERRED TO A LONG-TERM CARE HOSPITAL
65	DISCHARGED/TRANSFERRED TO A PSYCH HOSPITAL/PSYCH UNIT OF A HOSPITAL
66	DISCHARGED TO CRITICAL ACCESS HOSPITAL

Table 2: Type of Bill (TOB) for Edit 22290

TOB Code	Description
12X	Hospital inpatient
13X	Outpatient diagnostic testing services
14X	Non-Patient Laboratory Specimens
22X	Skilled Nursing Facilities Inpatient
23X	Skilled Nursing Facilities Outpatient
24X	Skilled Nursing for Hospital Referenced Diagnostic Services.
32X	Home health prospective payment system
33X	Home Health Outpatient
34X	Medical and other health services
71X	Rural Health Clinic
72X	End Stage Renal Disease Facility
73X	Federally Qualified Health Centers
75X	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
77X	Federally Qualified Health Centers Prospective Payment System
81X	Hospice
82X	Hospice
83X	Ambulatory Surgical Center
85X	Critical Access Hospital outpatient

Table 3: Revenue Codes for Edit 22470

Revenue Code	Description
042x	Physical Therapy
043x	Occupational Therapy
044x	Speech Therapy Language Pathology
055x	Skilled Nursing

Table 4: Condition Codes for Edit 22470

Condition code	
20	Beneficiary requested billing
21	Billing for denial notice
54	No skilled HH visits in billing pd

Table 5: HCPCS and ICD-10 Codes[1] for Edit 31100

HCPCS CODE	ICD-10 DIAGNOSIS CODES
J1459	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1556	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1557	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1561	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1566	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1568	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1569	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**
J1572	D800, D805, D810, D811, D812, D816, D817, D8189, D819, D820, D82.1, D82.4, D83.1, D830, D832, D838, D839, **D81.82 (from dates of service on or after 10/1/22), G11.3, D80.2, D80.3, D80.4, D80.6, D80.7, D81.5**

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[1] Bold indicates added codes.