

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
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**CENTER FOR MEDICARE  
MEDICARE PLAN PAYMENT GROUP**

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DATE: October 15, 2018

TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations

FROM: Jennifer Harlow, Deputy Director  
Medicare Plan Payment Group

SUBJECT: Encounter Data Software Release – Chart Review Record Edits

This memorandum provides detailed information about system changes related to chart review records (CRRs) resulting from a recent CMS analysis. These changes will be implemented on October 26, 2018 in the Encounter Data Processing System (EDPS) also referred to as the back-end system.

Based on stakeholder feedback from site visits, listening forums, and mailbox inquiries, CMS reviewed EDPS reject edits as they are applied to CRRs in an effort to streamline processing of these records and reduce administrative burden. The purpose of a CRR is to enable MAOs to submit additional data related to diagnoses for risk adjustment purposes (see HPMS memos on Guidance for Chart Review Record Submissions dated April 9, 2018 and August 28, 2018). With this in mind, the CMS review identified the data elements critical to maintaining data integrity, and also considered properly filtering risk adjustment eligible diagnoses from CRRs for risk adjusted payments.

As a result of our review, CMS is modifying the EDPS to bypass the edits listed in Table 1 for all CRRs submitted on or after the identified effective date, regardless of the date of service. Starting October 27, 2018, the edits shown in the Table 1 will not appear on the MAO-002 report. CMS will not be reprocessing any previously submitted CRRs that were rejected as a result of these edits. Please note that CRRs must still meet front-end system requirements (i.e., population of 837 5010 according to TR3 guidelines).

The critical data elements, for which we are retaining our current edits, are: beneficiary ID, diagnosis codes, procedure codes (but not modifiers), type of bill, dates of service, place of service, billing and/or rendering NPI, ICN for linked CRRs, medical record number (indicates whether CRR is a delete or an add), indicator that record is a CRR (PWK01), claim bill frequency code.

Please contact the encounter data mailbox [encounterdata@cms.hhs.gov](mailto:encounterdata@cms.hhs.gov) if you have any questions, using the subject “Encounter Data Software Release – Chart Review Record Edits.”

**Table 1: Changes to Edit Logic for Chart Reviews**

| Edit Code | Description                            | Effective Date | Modification Type<br>(1=correction/<br>modification to an<br>existing edit;<br>2=change in<br>disposition status;<br>3=new edit) | Modules Edit<br>Applies to (INST,<br>PRF, or DME) | New Edit<br>Disposition<br><br>I=Informational<br><br>R=Reject<br><br>D = Deactivated |
|-----------|--|----------------|--|---|---|
| 00660     | Codes Billed Together in Error         | 10/27/2018     | 2  | PRF   | D for chart review only   |
| 03022     | Invalid CMG for IRF Encounter          | 10/27/2018     | 2  | INST  | D for chart review only   |
| 03140     | ASC Surgery Procedure Code Missing     | 10/27/2018     | 2  | PRF   | D for chart review only   |
| 03165     | Telehealth Facility Fee Not Allowed    | 10/27/2018     | 2  | INST/ PRF   | D for chart review only   |
| 03335     | Esophageal Doppler Billing Error       | 10/27/2018     | 2  | PRF   | D for chart review only   |
| 17085     | CC 40 Required for Same Day Transfer   | 10/27/2018     | 2  | INST  | D for chart review only   |
| 17330     | RAP Not Allowed                        | 10/27/2018     | 2  | INST  | D for chart review only   |
| 17404     | Duplicate CPT/HCPCS and Unit Exceeds 1 | 10/27/2018     | 2  | INST  | D for chart review only   |
| 17407     | Modifier Requires HCPCS Code           | 10/27/2018     | 2  | INST  | D for chart review only   |
| 17595     | VC 05 Invalid with Rev Code            | 10/27/2018     | 2  | INST  | D for chart review only   |

|       |   |            |   |      |                         |
|-------|---|------------|---|------|-------------------------|
| 17735 | Modifier Not Within Effective Date      | 10/27/2018 | 2 | INST | D for chart review only |
| 18130 | Duplicate Principal Dx Code             | 10/27/2018 | 2 | INST | D for chart review only |
| 18135 | Principal Dx Code is Manifestation Code | 10/27/2018 | 2 | INST | D for chart review only |
| 18140 | Principal Dx Code is E-Code             | 10/27/2018 | 2 | INST | D for chart review only |
| 18145 | Unacceptable Dx Code                    | 10/27/2018 | 2 | INST | D for chart review only |
| 18260 | HCPCS Required With Submitted Rev Code  | 10/27/2018 | 2 | INST | D for chart review only |
| 18300 | FQHC Payment Code is Missing            | 10/27/2018 | 2 | INST | D for chart review only |
| 18305 | Invalid/Missing FQHC Qualifying Visit   | 10/27/2018 | 2 | INST | D for chart review only |
| 18310 | FQHC Revenue Code is Missing            | 10/27/2018 | 2 | INST | D for chart review only |
| 18705 | Invalid Discharge Status                | 10/27/2018 | 2 | INST | D for chart review only |
| 18710 | Missing/Invalid POA Indicator           | 10/27/2018 | 2 | INST | D for chart review only |
| 20270 | From & Thru Dates Equal - Day Count > 1 | 10/27/2018 | 2 | INST | D for chart review only |
| 20495 | Revenue Code Is Non-Billable For TOB    | 10/27/2018 | 2 | INST | D for chart review only |

|       |                                       |            |   |      |                         |
|-------|---------------------------------------|------------|---|------|-------------------------|
| 20505 | Unit must be 1 for Ambulance HCPCS    | 10/27/2018 | 2 | INST | D for chart review only |
| 20510 | Rev Code 054X Requires Specific HCPCS | 10/27/2018 | 2 | INST | D for chart review only |
| 20525 | Multiple Ambulance Pick-up Locations  | 10/27/2018 | 2 | INST | D for chart review only |
| 21980 | CC D2 Requires Change in One HIPPS    | 10/27/2018 | 2 | INST | D for chart review only |
| 22135 | Multiple Rev Code 0023 Lines Present  | 10/27/2018 | 2 | INST | D for chart review only |
| 22205 | Service Line Missing DOS              | 10/27/2018 | 2 | INST | D for chart review only |
| 22280 | Rev Code 277 Invalid for a HH         | 10/27/2018 | 2 | INST | D for chart review only |
| 22290 | Service Line Requires DOS             | 10/27/2018 | 2 | INST | D for chart review only |
| 22340 | ESRD Diagnosis Code Missing           | 10/27/2018 | 2 | INST | D for chart review only |
| 22355 | Inpatient Service Line Error          | 10/27/2018 | 2 | INST | D for chart review only |
| 22375 | Item/Service Not Covered For RHC      | 10/27/2018 | 2 | INST | D for chart review only |

|       |  |            |   |      |                         |
|-------|--|------------|---|------|-------------------------|
| 22395 | HIPPS Code Conflicts with Revenue Code (Disposition is 'R' for DOS on or after 07/01/14) | 10/27/2018 | 2 | INST | D for chart review only |
| 22405 | Occurrence Code 55 & DOD Required (Disposition is 'R' for DOS on or after 01/01/13)      | 10/27/2018 | 2 | INST | D for chart review only |
| 22415 | Revenue code 0274 required   | 10/27/2018 | 2 | INST | D for chart review only |
| 27000 | Height or Weight Value Exceeds Limit   | 10/27/2018 | 2 | INST | D for chart review only |
| 32040 | Wheelchair Claim Not Found For Bene  | 10/27/2018 | 2 | DME  | D for chart review only |
| 32045 | Invalid modifier combination KU and KE   | 10/27/2018 | 2 | DME  | D for chart review only |
| 98300 | Exact Inpatient Duplicate Encounter  | 10/27/2018 | 2 | INST | D for chart review only |
| 00745 | Anesthesia Service Requires Modifier   | 3/30/2018  | 2 | PROF | D for chart review only |
| 03125 | Bilateral Procedure Units Exceed One   | 3/30/2018  | 2 | PROF | D for chart review only |
| 21950 | Line Level DOS Required  | 3/30/2018  | 2 | INST | D for chart review only |

|       |   |            |   |               |                         |
|-------|---|------------|---|---------------|-------------------------|
| 18315 | Item/Service Not Covered Under FQHC                             | 3/30/2018  | 2 | INST          | D for chart review only |
| 17310 | Rev Code 036X<br>Requires Surgical<br>CPT/HCPCS                 | 3/30/2018  | 2 | INST          | D for chart review only |
| 17100 | Type of Bill – Home<br>Health Claim Missing<br>Dates Of Service | 3/30/2018  | 2 | INST          | D for chart review only |
| 22390 | HIPPS Code Required<br>for SNF/HH                               | 3/30/2018  | 2 | INST          | D for chart review only |
| 22400 | HP Qualifier Must Exist<br>for HIPPS Code                       | 3/30/2018  | 2 | INST          | D for chart review only |
| 20500 | Invalid DOS for Rev<br>Code Billed                              | 3/30/2018  | 2 | INST          | D for chart review only |
| 02240 | Beneficiary Not Enrolled<br>in MAO for DOS                      | 12/22/2017 | 2 | PROF/INST/DME | D for chart review only |