

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: September 5, 2019

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

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

SUBJECT: Final Announcement of September 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. On July 29, 2019, CMS released a Health Plan Management System (HPMS) memorandum titled, “Advance Announcement of September 2019 Encounter Data Software Release Updates” to provide MA Organizations with preliminary information about the September 2019 software release. Since publishing the July 29, 2019 memorandum, one additional informational edit (Edit 27005 described below) has been added to the release and is described below. All systems changes described in this memorandum will be implemented on **September 27, 2019**.

New Edits. CMS is implementing two new informational edits.

Edit 25010 Modifier Invalid for DOS

This new informational edit is for professional encounters and informs submitters that the use of the Consolidated Billing (CB) modifier is no longer required when independent laboratories bill separately for End Stage Renal Disease (ESRD) dialysis-related diagnostic tests. If a professional encounter is submitted using the CB modifier with a claim date of service on or after July 1, 2019, an informational edit will post. This CR aligns with the FFS CR 11061.

Edit 27005 Non-ESRD HCPCS for ESRD PPS Encounter

This new informational edit applies to institutional records. Edit 27005 will post for service lines with a ‘From’ Date of Service on or after January 01, 2019, when the type of bill 072x is present, condition code 84 (Dialysis for Acute Kidney Injury) is not present, and HCPCS code Q5106 is present. HCPCS code Q5106 is permitted for Acute Kidney Injury (AKI) encounters. This CR aligns with CMS FFS CR 11021.

Updated Edit. In this release, CMS is enhancing validation of an existing edit.

Edit 00805 Deleted Diagnosis Code Not Allowed

Edit 00805 validations will be extended to include linked Chart Review Record (CRR)-delete replacements. Currently, edit 00805 rejects only unlinked CRR-delete replacements. This edit is being extended to also reject linked CRR-delete replacements because CMS has observed submission patterns that do not align with current guidance as outlined in the Encounter Data Submission and Processing Guide Section 2.3.3. A replacement linked CRR-delete cannot be submitted for an original linked CRR-delete. Instead submitters must void the previously accepted linked CRR-delete to nullify the delete operation. The change in this edit logic applies to all encounter data and chart review records submitted as of September 27, 2019, regardless of the date of service.

Questions can be addressed to encounterdata@cms.hhs.gov, please specify, “September 2019-Encounter Data Software Release” in the subject line.