
Encounter Data User Group Q&A Documentation

Questions and Answers – March 7, 2013 Live Session

Q1: Does CMS have an edit to reject Home Health (HH) encounters with July 2013 and beyond dates of service (DOS) that are submitted in the 837-P format?

A1: CMS will review the functional requirements for submission of Home Health encounters in order to assess the editing logic that will identify Professional Home Health encounters without HIPPS codes submitted after the July 2013 deadline.

Q2: How should MAOs and other entities submit chart review encounters for the deletion of multiple diagnosis codes?

A2: MAOs and other entities may submit a chart review encounter to delete multiple diagnosis codes by populating the multiple diagnosis codes in the Loop 2300 REF02 segment with a predetermined separator for each diagnosis code. The character used to separate the diagnosis codes must be different from the delimiter indicated for the 837.

Q3: Can MAOs and other entities submit the revised ZIP +4 default of '9998' prior to May 3, 2013?

A3: Yes, if the true ZIP Code +4 is unavailable, the ZIP +4 default value of '9998' may be used for the fields that require a full nine (9)-digit ZIP Code prior to May 3, 2013. Effective May 3, 2013, encounter files submitted with the ZIP +4 default value of '9999' will reject with EDFES CEM edit X223.088.2010AA.N403.030.

Q4: If a provider submits a note in the Loop 2300 NTE field and the MAO or other entity needs to submit proxy data reason codes, should MAOs and other entities delete the provider's note in order to submit the proxy data reason codes?

A4: CMS will review and discuss requirements for submission of multiple data types in the NTE field. CMS will review and discuss the implications for removing the previously submitted note and provide an official response to the industry when available.

Similar questions are not listed separately, but combined and published as one question with one answer.

Q5: Is there a typographical error on slide 26 of the March 7, 2013 User Group presentation regarding the ICN number for the additional correct/replace example?

A5: Yes, the ICN number in the additional correct/replace example (third graphic) should match the ICN number identified in the second arrow. CMS will update slide 26 prior to posting to the CSSC Operations website.

Q6: Should MAOs and other entities submit duplicate service encounters that are denied in their internal systems with a Claim Adjustment Reason Code of “OA”?

A6: No. MAOs and other entities should not submit any duplicate service encounters to the Encounter Data System (EDS).

Q7: What is the deadline for submission of 2012 dates of service (DOS) encounter to the EDS?

A7: MAOs and other entities are encouraged to continue submitting all 2012 DOS encounters as close as possible prior to the 13-month timely filing deadline.

Q8: How does CMS verify that a chart review encounter submission is based on data obtained during a face-to-face encounter?

A8: MAOs and other entities must attest that the data submitted in the chart review is based on best knowledge and information, and believed to be accurate and truthful. As with all encounters, diagnoses codes submitted through a chart review must be based on a face-to-face visit as identified by the appropriate provider data (i.e., provider specialty, provider type, etc.) and supported by the medical record.

Q9: What is the guidance to submit chart review encounters when diagnosis codes are E-codes or manifestation codes?

A9: CMS is currently reviewing the guidance for E-code and manifestation code submissions for chart review encounters. CMS will provide an update for MAOs and other entities once final decisions are made.

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Q10: When sending a linked chart review and the original full encounter contains multiple service lines, should the MAO or other entity submit a single service line or all service lines from the original encounter?

A10: CMS is further discussing the guidance regarding the submission of chart review service lines previously submitted on an original encounter. Information will be provided when decisions are finalized. MAOs and other entities are encouraged to submit questions regarding specific examples of chart review encounter submission to eds@ardx.net for research and resolution.

Q11: For a chart review encounter submission to add and delete diagnosis codes, should the REF segment that identifies the deleted diagnosis code(s) precede or follow the HI01 segment to add diagnosis code(s)?

A11: For submission of a chart review encounter to add and delete diagnosis code(s), the REF segment should precede the HI01 segment (i.e., Loop 2300 REF01 = 'EA', REF02 = deleted diagnosis code(s), HI01-1 = 'BK', HI01-2 = additional diagnosis code).

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