

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



CENTER FOR MEDICARE

DATE: February 4, 2022

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: 2022 Quarter 1 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 February 18, 2022.

Edit 98325 - “Service Line(s) Duplicated”

Edit 98325 “Service Line(s) Duplicated” is a line level reject edit. This edit validates service lines to check for duplicates within the encounter and against previously submitted encounters. There are two updates to this edit:

1. The edit will be updated to include the National Drug Codes (NDC) within the Service Line Duplicate check for submitted encounters. Edit 98325¹ validates duplicate lines for Institutional Outpatient, Professional, and DME encounters, within the submitted encounter and previously submitted encounters. The NDC code will be checked on encounters service lines received on or after February 18, 2022.

Please note that, because we will start adding the NDC code to the duplicate editing logic effective with this system change on 2/18/2022, we will not be referencing NDCs from before 2/18/22, and it will be possible that an MAO submits a record after 2/18 that will receive Edit 98325, when the NDC code is different from the previously submitted

¹ 98325 validates the following TOB for all dates of service: 12X, 13X, 14X, 22X, 23X, 28X, 32X, 34X, 71X, 72X, 73X, 74X, 75X, 76X, 77X, 79X, 81X, 82X, 83X, 85X, 87X, 89X. TOB 33X is validated for DOS prior to 10/1/2013. An encounter with TOB 33X and DOS on or after 10/1/2013, is rejected with edit “22420 - TOB 33X Invalid for date of service”.

encounter and, therefore, not a duplicate. In such a case, please refer to Section 3.5.6 in the Encounter Data Submission Guide. In this section, CMS recommends submitting the subsequent EDR as a replacement or voiding the previously submitted and accepted EDR and resubmitting a new original record to prevent rejection for duplicate submission after 2/18/22.

The logic for the edit will be:

- Bypass 98325 edit on Institutional service line if Modifier 59, 62, 66, 76, 77, or 91 is present.
- Bypass 98325 edit on Institutional service line if the following conditions exist:
 - a. Type of bill (TOB) 83X is present on the current encounter,
 - b. The procedure code submitted on the current encounter service line is present in the Ambulatory Surgical Center (ASC) Fee Schedule, and
 - c. The procedure code on the current encounter corresponds to a Multiple Procedure Discount Indicator '1' in the ASC Fee Schedule.
- Institutional Outpatient encounter fields being evaluated for duplicate criteria:
 - a. Beneficiary Identifier
 - b. Encounter Line From and To Date of Service
 - c. Type of Bill
 - d. Procedure Code (s) and up to 4 modifiers
 - e. NDC Code (Note: This is the only new change to the logic.)
 - f. Revenue Code (s)
 - g. Billing Provider NPI
 - h. Encounter Line Billed Amount
 - i. MAO Paid Amount (2320 AMT 02 field, AMT01 = "D", AMT02 = MAO Paid Amount)
 - j. Service Line Payer Paid Amount (2430 SVD02)

Note: For Institutional encounters, edit 98325 is only applicable for Institutional Outpatient encounters. The Inpatient and Skilled Nursing Facility encounters (TOB 11X, 18X, 21X and 41X) are covered by edit 98300.

2. Edit 98325 will be updated to remove the "Type of Service" check from the Professional/DME portion of the edit logic. This change is the result of continued review of edits. Since the Procedure Code is tied to the "Type of Service," editing both fields is duplicative. The new edit logic for Professional/DME will be:
 - Bypass 98325 edit on Professional service line if Modifier 59, 76, 77, or 91 is present.
 - Bypass 98325 edit on Professional service line if the following conditions exist:
 - The billing provider's NPI submitted on the current encounter corresponds to the

provider specialty '49' in the Provider Enrollment, Chain, and Ownership System (PECOS) table in the EDPS,

- The place of service (POS) '24' is present on the current encounter,
 - The procedure code submitted on the current encounter service line is present in the ASC Fee Schedule, and
 - The procedure code on the current encounter corresponds to a Multiple Procedure Discount Indicator '1' in the ASC Fee Schedule.
- The encounter fields being evaluated for duplicate criteria:
 - a. Beneficiary Identifier
 - b. From and To Date of Service
 - c. Place of Service
 - d. Procedure Code (s) and up to 4 modifiers
 - e. NDC Code
 - f. Rendering Provider NPI
 - g. Service Line Billed Amount
 - h. MAO Paid Amount (2320 AMT 02 field, AMT01 = "0", AMT02 = MAO Paid Amount)
 - i. Service Line Payer Paid Amount (2430 SVD02)

Edit 18540 - "CPT/HCPCS Service Unit Out Of Range"

Edit 18540 "CPT/HCPCS Service Unit Out Of Range," which is currently an informational institutional edit, will be deactivated. The EDPS utilizes 3M Grouper software for portions of its institutional editing and the 3M deactivated the edit corresponding to EDPS Edit 18540.

Edit 18500 - "Multiple CPT/HCPCS For Same Service"

Edit 18500 – "Multiple CPT/HCPCS For Same Service," which is currently an informational institutional edit, will be deactivated. The EDPS utilizes 3M Grouper software for portions of its institutional editing and the 3M deactivated the edit corresponding to EDPS Edit 18540.

Edit 21953 - "SNF Claim Missing Revenue Code 0022"

Edit 21953 "SNF Claim Missing Revenue Code 0022" is an informational institutional edit that is being updated to include a bypass condition when Type of Bill (TOB) 18X (Swing Bed Critical Access Hospitals - CAH) contains a CMS Certification Number (CCN) of the Billing Provider within the XXZ300-XXZ399 range. This change will avoid posting this edit for Swing Bed Critical Access Hospital encounters. The update to the edit is in response to an inquiry from a plan. Edit 21953 will now post to an encounter if:

- If the TOB is 18X, and
- Any Encounter Service lines does not contain Revenue Code '0022', and

- CCN Billing Provider number is not in the XXZ300-XXZ399 (Swing Bed Critical Access Hospitals) range

OR

- If the TOB is 21X and
- Any encounter service line does not contain Revenue Code '0022'

Questions can be submitted to RiskAdjustmentOperations@cms.hhs.gov, please specify, "Encounter Data Software Release Updates: 2022 Quarter 1 Release" in the subject line. Thank you.