

DEPARTMENT OF HEALTH & HUMAN  
SERVICES  
Centers for Medicare & Medicaid Services  
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**MEDICARE PLAN PAYMENT GROUP**

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**DATE:** September 28, 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 3 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 October 7, 2022.

**Accept Chart Review Record Deletes (CRR-Deletes) if they match with the parent record in the system.**

Plans submit CRR-Deletes (that do not include claim frequency code 8 – “Void”) in order to remove one or more diagnosis codes that were present on accepted encounters or CRRs. (CRR-Deletes that include claim frequency code 8 are used to void entire records that were previously submitted and accepted, and are not affected by this change.)

CMS received an inquiry from a plan that could not process a CRR-Delete because it was rejected due to a data validation edit. Upon review of this inquiry, CMS determined that linked CRR-Deletes were being rejected because they would not pass a subset of current EDPS edits. The edits were hindering the ability for plans to submit CRR-Deletes. Therefore, this update reflects the validation approach utilized for void submissions and limits the reject edits applied to CRR-Deletes to include only edits that ensure the CRR-Delete records match key fields on previously accepted records. Plans should resubmit CRR-Deletes if they believe they were rejected due to the edits that will no longer be applied to CRR-Deletes after this update. The EDPS will be updated to only validate CRR-Deletes based on the following edits:

| <b>Edit Code</b> | <b>Edit Disposition</b> | <b>Description</b>                       |
|------------------|-------------------------|--|
| 00265            | Reject                  | Correct/Replace or Void ICN Not in EDPS  |
| 00760            | Reject                  | Adjusted Encounter Already Void/Adjusted |
| 00775            | Reject                  | Unable to Adjust Rejected Encounter      |
| 00785            | Reject                  | Linked Encounter Not in EDPS             |
| 00790            | Reject                  | Linked Encounter is Voided/Adjusted      |
| 00795            | Reject                  | Linked Encounter is Rejected             |
| 00805            | Reject                  | Deleted Diagnosis Code Not Allowed       |
| 00820            | Reject                  | Diag. Code Must Exist on Parent Record   |
| 00825            | Reject                  | Chart Review Must Match Parent Record    |
| 00855            | Reject                  | CRR-Delete linked to CRR-Delete          |
| 98320            | Reject                  | Chart Review Duplicate                   |

There will be no modifications made to the logic for these edits, with the exception of reject edit codes 00805 and 00820. For these edits, the effective dates of service will change to 1/1/2015 (from 1/1/2016).

**Modify Edit 01405 – ‘Sanctioned Provider’ to post at the appropriate line or header level**

Edit 01405 – ‘Sanctioned Provider’ is a reject edit that will be updated to validate the sanctioned status of the rendering provider at both the header and line level for institutional, professional, and DME encounters.

Currently, for institutional encounters the edit is validating the rendering provider only at the header level. For professional and DME, the edit is checking the rendering provider at the line level and, if the rendering provider identifier is missing at the line level, then the edit validates the identifier at the header level.

Going forward, for all encounter types, when the billing provider or rendering provider identifier submitted at the header level is sanctioned, then the edit will be posted at the header level. When

the rendering provider identifier submitted at the line is sanctioned, then edit will be posted for that line.

The EDPS will post edit 01405 when:

- Validate the Billing Provider at the header level and
- Validate the Rendering Provider at the header level and
- Validate the Rendering Provider at the line level and
- Post this edit if the Billing (header level) or Rendering Provider (**header and/or line level**) submitted on the encounter has a Sanction date in field 'SANCDATE' on the CMS Medicare Exclusion Database (MED) file and the header or the line 'from' date of service is within the sanction begin date and the 'REINDATE' date on the MED file or the header or the line 'from' date of service is on or after the sanction begin date and the 'REINDATE' date is blank and
- Bypass this edit if the Billing (header level) and Rendering Provider (**header and/or line level**) exists on the Waiver file using the National Provider Identifier (NPI) value and the header or line 'from' date is between the fields 'WAIVEREFFDT' and 'WAIVERENDDT'
- The EDPS shall bypass this edit for Chart Review Records

#### **Modify Edit 01410 – 'Invalid Billing Provider NPI' to remove a validation for missing Billing Provider NPI**

Edit 01410 – 'Invalid Billing Provider NPI' is a reject edit that will be modified to remove a validation for missing/blank Billing Provider NPI. During review of the edit, it was identified that this condition is validated within the Encounter Data Front End System (EDFES). Specifically, EDFES is checking the Billing Provider NPI field for blanks and will reject if the field is blank, so EDPS does not need to include validation for a missing Billing Provider NPI in its logic.

EDPS will continue to post the edit 01410 when:

PROF:

- Billing Provider NPI is NOT a valid professional atypical NPI 1999999984 and
- Billing Provider NPI is not found in the NPPES data file for the encounter header 'From Date of Service'.

INST:

- Billing Provider NPI is NOT a valid institutional atypical NPI 1999999976 and

- Billing Provider NPI is not found in the NPPES data file for the encounter header 'From Date of Service'.

DME:

- Billing Provider NPI is NOT a valid Durable Medical Equipment (DME) atypical NPI 1999999992 and
- Billing Provider NPI is not found in the NPPES data file for the encounter header 'From Date of Service'.

**Modify Edit 03017 – 'Dx Not Covered for PET (Positron Emission Tomography) Scan Procedure' to add PET Scan CPT Codes.**

Edit 03017 – 'Diagnosis Not Covered for PET Scan Procedure' is a professional informational edit that will be modified to update new PET Scan CPT Codes and to include existing codes that should be part of the logic. The edit posts when the encounter has a PET Scan specific CPT Code but the diagnosis code being billed is not related to PET Scan procedure. The new codes and logic for the edit are in bold font below.

Edit 03017 will post in EDPS when:

2. PET scan code **78459, 78491, 78492**, 78608, 78811, 78812, 78813, 78814, 78815 or 78816 is present OR
3. **PET scan code 78429, 78430, 78431, 78432, 78433, 78434 is present and service line 'From' date of service is on or after September 7, 2021** and
4. One of the diagnosis codes listed in Appendix A is submitted

**Modify Edit 03022 – 'Invalid Case Mix Group (CMG) For Inpatient Rehabilitation Facility (IRF) Encounter' to utilize the discharge date for CMG validation on IRF encounters**

Edit 03022 – 'Invalid CMG For Inpatient Rehabilitation Facility (IRF) Encounter' is an institutional reject edit that validates Case Mix Group (CMG) Codes submitted on Type of Bill 11x (Inpatient) when Revenue Code 0024 is present. The edit currently utilizes the 'From' Date of Service (DOS) for validating the CMG code that is submitted on revenue code 0024 service line on IRF encounters. With this release, this code will be validated based on the patient discharge date. The EDPS will post edit 03022 when:

- Claim Type is 11X and
- Revenue Code 0024 is present and
- The CMG Code submitted on Revenue Code 0024 line is not valid for Discharge Date

Note: If Discharge Date is not submitted the EDPS NextGen system will use the encounter through date as the Discharge Date.

### **Deactivate Edit 16002 – ‘Service Line Amount Adjusted For MTP’**

Edit 16002 – ‘Service Line Amount Adjusted for Multiple Technical Pricing,’ a professional informational edit, will be deactivated. The edit is no longer applicable to current EDPS processing.

### **Modify Edit 17310 – ‘Rev Code 036X Requires Surg Proc Code’ to remove inapplicable ICD 10 codes from the bypass condition**

Edit 17310 – ‘Revenue Code 036X (Operating Room Services) Requires Surgical Procedure Code,’ which is an institutional line level reject edit, will be modified to update ICD-10 diagnosis codes that allow for a bypass condition. This edit requires that if a Revenue Code of 036X is billed, a surgical procedure code and date must be indicated as well. The bypass portion of this edit waives the posting of the edit if the ICD-9 or ICD-10 codes indicate that a surgery did not occur either because the patient changed their mind or because there was a contraindication that interfered with the proposed surgery. ICD-10 diagnosis codes Z9911 (Dependence on respirator [ventilator] status), Z9981 (Dependence on supplemental oxygen), Z993X (Dependence on wheelchair) are not applicable to the bypass condition and will be deleted from the bypass condition.

After this update, EDPS will post Edit 17310 when:

- Type of Bill (TOB) is equal to 11X (Inpatient) or 18X (Swing-bed) or 21X (SNF Inpatient (Including Medicare Part A)) and
- Revenue Code is equal to 036X and
- Surgical Procedure Code and Procedure Code Date are not on the Encounter

EDPS will Bypass Edit 17310 when:

- The encounter is a chart review record or
- ICD -9 Diagnosis Codes V641 (Surgical or other procedure not carried out because of contraindication) or V642(Surgical or other procedure not carried out because of patient's decision) or V643(Procedure not carried out for other reasons) are present on the encounter or
- One or more of the following ICD-10 Diagnosis Codes are present on the encounter:
  - Z5301 (Procedure and treatment not carried out due to patient smoking)
  - Z5309 (Procedure and treatment not carried out because of other contraindication)
  - Z531 (Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure)
  - Z5320 (Procedure and treatment not carried out because of patient's decision for unspecified reasons)

- Z5321 (Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider)
- Z5329 (Procedure and treatment not carried out because of patient's decision for other reasons)
- Z538 (Procedure and treatment not carried out for other reasons)
- Z539 (Procedure and treatment not carried out, unspecified reason)

**Modify Edit 17085 – ‘CC 40 Required for Same Day Transfer’ to remove invalid Types of Bills (TOB) and Patient Status Codes, and to include additional Patient Status Codes.**

Edit 17085 – ‘Condition Code 40 (which indicates the patient was transferred from one participating provider to another before midnight on the day of admission) Required for Same Day Transfer’ is an institutional reject edit. Based on internal review it was discovered that the edit includes two inapplicable TOBs (51X (hospital outpatient visit) and 28X (SNF Swing-bed)) and two terminated Patient Status Codes (71 and 72), while missing a number of active Patient Status Codes (82, 83, 85, 89, 90, 91, 93, 94). After this update, the edit logic will be as follows:

Edit 17085 will post in EDPS when:

- TOB is equal to 11X, 18X, 21X or 41X (RNHCI-Religious Non-Medical Health Care Institution) and
- One of the following Patient Status Codes is present:
  - 02, 03, 05, 50, 51, 61, 62, 63, 65, 66, 82, 83, 85, 89, 90, 91, 93, 94 and
- The admission date is equal to header through date and
- Condition code 40 is not present

EDPS will Bypass Edit 17085 when:

- The encounter is a chart review record

**Modify Edit 27000 – ‘Height or Weight Value Exceeds Limit’ to update height and weight limits for TOB 72X (End Stage Renal Dialysis).**

Edit 27000 – ‘Height or Weight Value Exceeds Limit’ is an institutional header level reject edit. This edit validates the maximum limits submitted for Value Code A8 (Patient Weight) and Value Code A9 (Patient Height). Specifically, the maximum value for weight will be updated to 500kg and height to 300cm.

The EDPS will post Edit 27000 when:

- TOB is equal to 72X (End Stage Renal Dialysis) and
  - Value Code is equal to A8 and value amount is greater than 500 and/or
  - Value Code is equal to A9 and value amount is greater than 300

### **Deactivate Edit 31105 – ‘Invalid Modifier AY/AX Combination’**

Edit 31105 – ‘Invalid Modifier AY/AX Combination’ is an informational DME edit that validates the AY (Item or service furnished to a patient that is not for the treatment of ESRD) and AX (Item furnished in conjunction with dialysis services) modifiers submitted on a service line. The edit will be deactivated. After comprehensive review, it was identified that this edit was validating modifier combinations that are not applicable for DME encounters.

### **Modify Edit 32070 – ‘Non-DME HCPCS Code’ to post at the line level instead of the header level.**

Edit 32070 – ‘Non-Durable Medical Equipment (DME) Healthcare Common Procedure Coding System (HCPCS) Code’ is an informational header level edit will be updated to post at the line level instead of the header level in the MAO-002 report. There are no other changes to the edit logic. This change is being made to provide submitters with more direct information on which HCPCS codes submitted are non-DME.

### **Deactivate edits duplicative of edits and validations that occur in the Encounter Data Front End System**

The following edits will be deactivated in EDPS because they were identified as duplicative of edits and validations that occur in the EDFES.

- Edit 00011 – ‘Missing Date of Service in Header/Line’ - institutional, professional and DME Reject Edit
- Edit 17407 – ‘Modifier Requires HCPCS Code’- institutional Reject Edit
- Edit 18140 – ‘Principal Diagnosis Code is E-Code’ – institutional Reject Edit

Questions can be submitted to [RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov), please specify, “Encounter Data Software Release Updates: 2022 Quarter 3 Release” in the subject line. Thank you.

## Appendix A: Edit 03017

The tables in this section provide the diagnosis codes, that if populated on the encounter data record in conjunction with the other edit logic criteria for Edit 03017, will cause the edit to post. Each cell in the tables indicates a single ICD code or a range of codes. Some ranges that are continuous are split into multiple cells in order to group similar diagnoses into a single cell.

The reported ICD-9 diagnosis is one of the following ranges:

|               |               |             |               |
|---------------|---------------|-------------|---------------|
| 1510 - 1519   | 1734          | 185         | 20490 - 20492 |
| 1520 - 1529   | 17340 - 17342 | 1860        | 20500 - 20502 |
| 1550 - 1552   | 17349         | 1869        | 20510 - 20512 |
| 1560 - 1569   | 1735          | 1871 - 1879 | 20520 - 20522 |
| 1570 - 1574   | 17350 - 17352 | 1880 - 1889 | 20530 - 20532 |
| 1578 - 1579   | 17359         | 1890 - 1899 | 20580 - 20582 |
| 1580 - 1589   | 1736          | 1900 - 1909 | 20590 - 20592 |
| 1590 - 1599   | 17360 - 17362 | 1910 - 1919 | 20600 - 20602 |
| 1630 - 1639   | 17369         | 1920 - 1929 | 20610 - 20612 |
| 1640 - 1649   | 1737          | 1940 - 1949 | 20620 - 20622 |
| 1650 - 1659   | 17370 - 17372 | 1951 - 1958 | 20680 - 20682 |
| 1700 - 1709   | 17379         | 1960 - 1969 | 20690 - 20692 |
| 1710 - 1719   | 1738          | 1970 - 1978 | 20700 - 20702 |
| 1730          | 17380 - 17382 | 1980 - 1988 | 20710 - 20712 |
| 17300 - 17302 | 17389         | 2386        | 20720 - 20722 |
| 17309         | 1739          | 51889       | 20780 - 20782 |
| 1731          | 17390 - 17392 | 7931        | 20800 - 20802 |
| 17310 - 17312 | 17399         | 79311       | 20810 - 20812 |

|               |             |               |               |
|---------------|-------------|---------------|---------------|
| 17319         | 1760 - 1765 | 20240 - 20248 | 20820 - 20822 |
| 1732          | 1768 - 1769 | 20380 - 20382 | 20880 - 20882 |
| 17320 - 17322 | 179         | 20400 - 20402 | 20890 - 20892 |
| 17329         | 181         | 20410 - 20412 | 20900 - 20936 |
| 1733          | 1820 – 1828 | 20420 - 20422 | 20970 - 20979 |
| 17330 - 17332 | 1840 - 1849 | 20480 - 20482 |               |
| 17339 - 17339 |             |               |               |

OR

a. The reported ICD-10 diagnosis is one of the following ranges:

|      |      |      |      |       |       |       |        |
|------|------|------|------|-------|-------|-------|--------|
| C23  | C410 | C639 | C774 | C6290 | C9112 | C9422 | C44611 |
| C37  | C411 | C649 | C775 | C6300 | C9140 | C9430 | C44621 |
| C52  | C412 | C659 | C778 | C6310 | C9141 | C9431 | C44691 |
| C55  | C413 | C669 | C779 | C6900 | C9190 | C9432 | C44701 |
| C58  | C414 | C670 | C781 | C6910 | C9191 | C9480 | C44711 |
| C61  | C419 | C671 | C782 | C6920 | C9192 | C9481 | C44721 |
| D45  | C460 | C672 | C784 | C6930 | C91Z0 | C9482 | C44791 |
| C160 | C461 | C673 | C785 | C6940 | C91Z1 | C9500 | C7A010 |
| C161 | C462 | C674 | C786 | C6950 | C91Z2 | C9501 | C7A011 |
| C162 | C463 | C675 | C787 | C6960 | C9200 | C9502 | C7A012 |
| C163 | C464 | C676 | C792 | C6980 | C9201 | C9510 | C7A019 |
| C164 | C467 | C677 | C799 | C6990 | C9202 | C9511 | C7A020 |
| C165 | C469 | C678 | C7A1 | C7250 | C9210 | C9512 | C7A021 |

|      |      |      |       |       |       |        |        |
|------|------|------|-------|-------|-------|--------|--------|
| C166 | C478 | C679 | C7B1  | C7490 | C9211 | C9590  | C7A022 |
| C168 | C480 | C680 | C7B8  | C7640 | C9212 | C9591  | C7A023 |
| C169 | C481 | C681 | C888  | C7650 | C9220 | C9592  | C7A024 |
| C170 | C482 | C688 | J984  | C7800 | C9221 | D47Z9  | C7A025 |
| C171 | C488 | C689 | R911  | C7839 | C9222 | C44101 | C7A026 |
| C172 | C490 | C700 | C4000 | C7889 | C9230 | C44111 | C7A029 |
| C173 | C493 | C701 | C4010 | C7900 | C9231 | C44121 | C7A090 |
| C178 | C494 | C709 | C4020 | C7911 | C9232 | C44191 | C7A091 |
| C179 | C495 | C710 | C4030 | C7919 | C9240 | C44201 | C7A092 |
| C220 | C496 | C711 | C4400 | C7931 | C9241 | C44211 | C7A093 |
| C221 | C498 | C712 | C4401 | C7932 | C9242 | C44221 | C7A094 |
| C222 | C499 | C713 | C4402 | C7949 | C9250 | C44291 | C7A095 |
| C227 | C4A0 | C714 | C4409 | C7951 | C9251 | C44300 | C7A096 |
| C228 | C4A4 | C715 | C4440 | C7952 | C9252 | C44301 | C7A098 |
| C229 | C4A8 | C716 | C4441 | C7960 | C9290 | C44309 |        |
| C240 | C4A9 | C717 | C4442 | C7970 | C9291 | C44310 |        |
| C241 | C510 | C718 | C4449 | C7981 | C9292 | C44311 |        |
| C248 | C511 | C719 | C4480 | C7982 | C92Z0 | C44319 |        |
| C249 | C512 | C720 | C4481 | C7989 | C92Z1 | C44320 |        |
| C250 | C519 | C721 | C4482 | C7A00 | C92Z2 | C44321 |        |
| C251 | C540 | C729 | C4489 | C7B00 | C9300 | C44329 |        |
| C252 | C541 | C750 | C4490 | C7B01 | C9301 | C44390 |        |

|      |      |      |       |       |       |        |  |
|------|------|------|-------|-------|-------|--------|--|
| C253 | C542 | C751 | C4491 | C7B02 | C9302 | C44391 |  |
| C254 | C543 | C752 | C4492 | C7B03 | C9310 | C44399 |  |
| C258 | C548 | C753 | C4499 | C7B04 | C9311 | C44500 |  |
| C259 | C549 | C754 | C4650 | C7B09 | C9312 | C44501 |  |
| C260 | C577 | C755 | C4910 | C9020 | C9390 | C44509 |  |
| C261 | C578 | C758 | C4920 | C9021 | C9391 | C44510 |  |
| C269 | C579 | C759 | C4A10 | C9022 | C9392 | C44511 |  |
| C380 | C600 | C761 | C4A20 | C9030 | C93Z0 | C44519 |  |
| C381 | C601 | C762 | C4A30 | C9031 | C93Z1 | C44520 |  |
| C382 | C602 | C763 | C4A39 | C9032 | C93Z2 | C44521 |  |
| C383 | C608 | C768 | C4A59 | C9100 | C9400 | C44529 |  |
| C384 | C609 | C770 | C4A60 | C9101 | C9401 | C44590 |  |
| C388 | C632 | C771 | C4A70 | C9102 | C9402 | C44591 |  |
| C390 | C637 | C772 | C6200 | C9110 | C9420 | C44599 |  |
| C399 | C638 | C773 | C6210 | C9111 | C9421 | C44601 |  |