

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



## **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	