

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

DATE: September 4, 2024

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: September 2024 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 the Encounter Data Processing System (EDPS) and are effective for submissions beginning September 13, 2024.

New Edits

Edit 25080 ‘MFT or MHC Provider Not Covered POS’ – is intended to align encounter data with CMS FFS Change Request (CR) 13167 regarding allowable places of service for two new provider specialty types. This is a new Professional service line level informational edit that will validate when the Provider Specialty is ‘E1 - Marriage and Family Therapists (MFT)’ or ‘E2 - Mental Health Counselors (MHC)’ is submitted that the place of service is not 21 (Inpatient Hospital), 51 (Inpatient Psychiatric Services) or 61 (Comprehensive Inpatient Rehabilitation Facility).

Edit 25080 will post when:

- The Line Rendering Provider has a Provider Specialty of ‘E1’ or ‘E2’ or
- The Header Rendering Provider Specialty is ‘E1’ or ‘E2’ if the Line Rendering Provider is not present on the encounter or
- Billing Provider Specialty is ‘E1’ or ‘E2’ if the Line and Header Rendering Provider is not present and
- Line From Date of Service is on or after 01/01/2024 and
- The Line Place or Service code is 21, 51 or 61 or Header Place of Service code is 21, 51 or 61 if Line Place of Service code is blank

Edit 25095 ‘SDOH Risk Assessment Without AWV HCPCS’ – is intended to align encounter data with CMS FFS CR 13486 transmittal 12599 which instructs the Social Determinants of Health (SDOH) risk assessment can be billed as a voluntary additional element of an Annual

Wellness Visit (AWV). This is a new Professional and Institutional service line level informational edit that will validate whether the HCPCS for SDOH risk assessment (G0136) along with modifier 33 is billed on the same encounter as the HCPCS for annual wellness visit (AWV) (G0438 or G0439) for the same date of service, effective from January 1, 2024.

Edit 25095 will post when:

- Service line ‘from’ date is on or after 01/01/2024 and
- HCPCS Code G0136 is billed with modifier 33 and
- HCPCS Code G0438 or G0439 is not billed on the same encounter with same ‘from’ date of service

Edit 20715 ‘TOB Not Allowed for AWV HCPCS’ – is intended to align encounter data with CMS FFS CR 13486 transmittal 12599 which instructs the Social Determinants of Health (SDOH) risk assessment can be billed as a voluntary additional element of the Annual Wellness Visit (AMV). This is a new Institutional service line level informational edit that will validate the type of bill (TOB) on which the Annual Wellness Visit (AWV) HCPCS G0438 and G0439 are submitted.

Edit 20715 will post when:

- HCPCS G0438 or G0439 is billed and
- The TOB does not equal to 12X, 13X, 22X, 23X, 71X, 77X or 85X

Edit 22510 ‘HH Missing Value Code 85/State County’ – is intended to align encounter data processing with the CMS FFS CR 13543 transmittal 12577 to validate the presence of the state and county on Home Health encounters. This edit is specific to Home Health encounters with Type of Bill (TOB) 32X and requires the submission of Value Code 85 and an associated Federal Information Processing Standards (FIPS) State and County Code. Value code 85 is defined as “County Where Service is Rendered.” This is a new Institutional header level informational edit to validate presence of Value Code 85 (county where service is rendered) and a Value Code Amount greater than zero for Home Health encounters (TOB 32X) effective from October 1, 2024, based on the through date of service.

Edit 22510 will post when:

- TOB is 32X and
 - Encounter header ‘Through’ date of service is on or after 10/1/2024 and
 - Value Code of 85 is missing.
- OR
- TOB is 32X and
 - Encounter header ‘Through’ date of service is on or after 10/1/2024 and
 - Value Code of 85 is present and
 - Value Code Amount is equal to all zeroes.

Updated Edit

Edit 25000 ‘CCI Error’ is intended to align encounter data with business requirement 13599.2 within CMS CR 13599 to add a range of CPT Codes for which the edit should not be bypassed regardless if certain modifiers are present. This is an existing Institutional and Professional

informational service line level edit that will be updated to post on Professional encounters that are submitted with the code pair of CPT codes 77427, 92012-92014, or 99201-99499 for the same beneficiary, provider, and dates of service regardless of modifiers 59, XE, XP, XS, or XU being submitted or not. A listing of all procedure-to-procedure code pairs is available at the following link <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-procedure-procedure-ntp-edits>.

Edit 25000 will post on Professional encounter service lines when:

- Two procedure code(s) submitted on separate service lines (current or history encounter) correspond to the code pairs listed in Column 1 and Column 2 on the Correct Coding Initiative (CCI) tables in the EDPS for the same beneficiary, provider, and service line date of service and
- The Modifier Applicability Indicator on the CCI tables is equal to “1” (allowed) and
- Procedure Code is other than 77427, 92012-92014, or 99201-99499 is submitted without Modifier 59, XE, XP, XS, or XU and
- Modifier 59, XE, XS, XP, or XU is not present for the procedure code submitted that corresponds to Column 2 of the code pair on the CCI tables and the procedure code is not 77427, 92012-92014, or 99201-99499 on the history encounter service line or
- Modifier 59, XE, XS, XP, or XU is not present for the procedure code submitted that corresponds to Column 1 of the code pair on the CCI tables and the procedure code is not 77427, 92012-92014, or 99201-99499 on the history encounter service line for dates of service on or after July 1, 2019

OR

- History Professional encounter contains Procedure Code 77427, 92012-92014, or 99201-99499 that corresponds to Column 1 or Column 2 of the code pair on the CCI tables with or without the modifier 59, XE, XP, XS, or XU

OR

- The Modifier Applicability Indicator on the CCI tables is equal to “1” (allowed) and
- Procedure Code 77427, 92012-92014, or 99201-99499 is submitted with or without the modifier 59, XE, XS, XP, or XU and
- Modifier 59, XE, XP, XS, or XU is not present for the procedure code that corresponds to Column 2 of the code pair on the CCI tables on the history encounter service line or
- Modifier 59, XE, XP, XS, or XU is not present for the procedure code that corresponds to Column 1 of the code pair on the CCI tables on the history encounter service line for dates of service on or after July 1, 2019

OR

- Two procedure code(s) submitted on separate Professional service lines (current or history encounter) correspond to the code pairs listed in Column 1 and Column 2 on the CCI tables in the EDPS for the same beneficiary, provider, and service line date of service and

- The Modifier Applicability Indicator on the CCI tables is equal to “0” (Not allowed)

Appendix A

The Memo contains patient discharge status codes, revenue, and condition codes. The American Hospital Association (AHA) has granted to the Centers for Medicare & Medicaid Services (CMS or the agency) and its authorized agents a limited, royalty-free permission to reproduce portions of the National Uniform Billing Code (NUBC) UB-04 Data Specifications Manual and a limited license to use NUBC UB-04 Specifications Data in CMS publications, both print and electronic media, as agency requirements demand.

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