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CENTER FOR MEDICARE

DATE: February 23, 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: February 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 currently effective for submissions. This memo describes five (5) new edits for supplemental benefits and updates to nine (9) existing edits.

This memo supports the recent reminder for MA organizations to submit supplemental benefits encounters to CMS.¹

The following values were created to assist MA organizations in submitting supplemental benefits encounters if diagnosis, procedure, or revenue codes are not available.

- Default diagnosis code – ‘SBSD1’
- Default procedure code – ‘SBSP1’
- Default revenue code – ‘1111’

Additionally, CMS provided direction on how to identify supplemental benefits on the encounter line. These PWK segments must be submitted to indicate the encounter data line contains a supplemental benefit. Only one supplemental benefit services category (SBSC) code should be submitted in PWK06.

- PWK01= ‘IR’ (State School Immunization Records)
- PWK02= ‘EM’ (E-Mail)
- PWK05= ‘AC’ (Attachment Control Number)
- PWK06= A valid SBSC code from the SBSC code listing

¹ Refer to the February 21, 2024, Health Plan Management System (HPMS) memo, “Submission of Supplemental Benefits Data on Medicare Advantage Encounter Data Records.”

New Edits for Supplemental Benefits

Edit 19000 “Invalid Supplemental Benefit Submission” is a new service line level reject edit applicable for professional, institutional, and durable medical equipment (DME) encounters. This edit validates that the SBSC code submitted in PWK06 is a valid code. The 2024 SBSC reference code list is provided in Appendix B.

Edit 19000 will post when:

- Service Line on the encounter contains PWK01= ‘IR’ and PWK02= ‘EM’ and PWK05= ‘AC’ and
- PWK06 is not matching with SBSC reference data stored in EDPS and
- The service line ‘from’ date is on or after 01/01/2024.

Edit 19005 “Missing Supplemental Benefit Details” is a new service line and header level reject edit applicable for professional, institutional, and DME encounters. This edit validates that the supplemental benefits indicator is submitted when any of the default diagnosis (header level), procedure, or revenue codes are also submitted. On a service line. If this edit is posted at the header level, the entire record will be rejected, and the edit will not also post at the line for the same encounter.

Edit 19005 will post on professional and DME encounters at the line level when:

- Service line contains a default procedure code of ‘SBSP1’ or service line points to a header-level default diagnosis code of ‘SBSD1’ and
- Service line does not contain the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The service line ‘from’ date is on or after 01/01/2024.

Edit 19005 will post on professional and DME encounters at the header level when:

- Encounter contains a default diagnosis code of ‘SBSD1’ and
- None of the service lines contain the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The statement ‘from’ date is on or after 01/01/2024.

Edit 19005 will post on institutional encounters at the line level when:

- Service line contains a default procedure code of ‘SBSP1’ or a default revenue code of ‘1111’ and
- Service line does not contain the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The service line ‘from’ date is on or after 01/01/2024.

Edit 19005 will post on institutional encounters at the header level when:

- Encounter contains a default diagnosis code of ‘SBSD1’ and
- None of the service lines contain the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The statement ‘from’ date is on or after 01/01/2024.

Edit 19010 “Supplemental Service on CRR Not Allowed” is a new line and header level reject edit applicable for professional, institutional, and DME chart review records. Since supplemental benefit services are only to be submitted on encounter data records, this edit will validate and reject chart review records that include the Supplemental Benefits Indicator on any of the lines or when any of the default diagnosis, procedure, or revenue codes for use with supplemental benefits are submitted. Edit 19010 will either be posted to the encounter at the header or the line level. If this edit is posted at the header, the entire record will be rejected, and the edit would not post at the line level for the same encounter.

Edit 19010 will post on the professional and DME chart review records at the line level when:

- The current encounter is a linked or unlinked chart review record (PWK01 = ‘09’/PWK02 = ‘AA’) and
- The service line contains the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The service line ‘from’ date is on or after 01/01/2024.

OR

- The current encounter is a linked or unlinked chart review record (PWK01 = ‘09’/PWK02 = ‘AA’) and
- The service line contains a default procedure code of ‘SBSP1’ and
- The service line ‘from’ date is on or after 01/01/2024.

Edit 19010 will post on the professional and DME chart review record at the header level when:

- The current encounter is a linked or unlinked chart review record (PWK01 = ‘09’/PWK02 = ‘AA’) and
- All service lines contain the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The statement ‘from’ date is on or after 01/01/2024.

OR

- The current encounter is a linked or unlinked chart review record (PWK01 = ‘09’/PWK02 = ‘AA’) and
- CRR contains a default diagnosis code of ‘SBSD1’ and
- The statement ‘from’ date is on or after 01/01/2024.

Edit 19010 will post on the institutional chart review record at the line level when:

- The current encounter is a linked or unlinked chart review record (PWK01 = '09'/PWK02 = 'AA') and
- The service line contains the Supplemental Benefits Indicator (PWK01= 'IR', PWK02='EM', PWK05= 'AC', and PWK06 = SBSC code) and
- The service line 'from' date is on or after 01/01/2024.

OR

- The current encounter is a linked or unlinked chart review record (PWK01 = '09'/PWK02 = 'AA') and
- The service line contains a default procedure code of 'SBSP1' or default revenue code of '1111' and
- The service line 'from' date is on or after 01/01/2024.

Edit 19010 will post on the institutional chart review record at the header level when:

- The current encounter is a linked or unlinked chart review record (PWK01 = '09'/PWK02 = 'AA') and
- All service lines contain the Supplemental Benefits Indicator (PWK01= 'IR', PWK02='EM', PWK05= 'AC', and PWK06 = SBSC code) and
- The statement 'from' date is on or after 01/01/2024.

OR

- The current encounter is a linked or unlinked chart review record (PWK01 = '09'/PWK02 = 'AA') and
- CRR contains a default diagnosis code of 'SBSD1' and
- The statement 'from' date is on or after 01/01/2024.

Edit 19015 "Not a Valid Code for DOS" is a new line and header level reject edit applicable for professional, DME, and institutional encounters. The edit validates that the default procedure, revenue code, and diagnosis codes created for use while submitting supplemental benefits is used for DOS starting January 1, 2024. Edit 19015 will either be posted to the encounter at the header or the line level. If this edit is posted at the header, the entire record will be rejected, and the edit would not post at the line for the same encounter.

Edit 19015 will post on professional and DME encounters at a line level when:

- The service line contains a default procedure code of 'SBSP1' and
- The service line 'from' date is before 01/01/2024.

Edit 19015 will post on professional and DME encounters at the header level when:

- Encounter contains a default diagnosis code of ‘SBSD1’ and
- The statement ‘from’ date is before 01/01/2024.

Edit 19015 will post on an institutional encounter at the line level when:

- The service line contains default procedure code of ‘SBSP1’ or default revenue code of ‘1111’ and
- The service line ‘from’ date is before 01/01/2024.

Edit 19015 will post on an institutional encounter at the header level when:

- Encounter contains a default diagnosis code of ‘SBSD1’ and
- The statement ‘from’ date is before 01/01/2024.

Edit 19020 “CRR Linked to Supplemental Services” is a new header level reject edit that validates when a linked chart review record is submitted and linked to an accepted supplemental benefits encounter data record (i.e., when all services lines on the linked encounter contain the Supplemental Benefits Indicator). This edit is applicable to professional, institutional, and DME encounters.

Edit 19020 will post when:

- The encounter being submitted is a linked chart review record (PWK01 = ‘09’/PWK02 = ‘AA’) and
- Parent encounter is in accepted status
- All service lines in the parent encounter contain the Supplemental Benefits Indicator (PWK01= ‘IR’, PWK02= ‘EM’, PWK05= ‘AC’, and PWK06 = SBSC code) and
- The statement ‘from’ date is on or after 01/01/2024.

Updates to Existing Edits

To facilitate the collection of supplemental benefits on the same encounters as traditional Part A / Part B services, we reviewed all existing EDPS edits. The outcome of our review indicated the need for additional edit bypass conditions for the edits below:

- 98325 - Service Line(s) Duplicated
- 32070 - Non-DME HCPCS Code
- 22340 - ESRD Diagnosis Code Missing
- 22320 - Missing ASC Procedure Code
- 98300 - Exact Inpatient Duplicate Encounter
- 21953 - SNF Claim Missing Revenue Code 0022
- 22100 - Rev Code 0023 Missing/Invalid for DOS’
- 22470 - HH Claim Missing Skilled Services
- Preliminary RA Flag reported on the MAO-002

Edit 98325 - Service Line(s) Duplicated - Service lines containing the Supplemental Benefits Indicator will not be validated against previously submitted service lines, including previously submitted service lines containing the Supplemental Benefits Indicator. A bypass condition is added when service line contains the Supplemental Benefits Indicator.

Edit 32070 – Non-DME HCPCS Code – This DME informational edit validates that the submitted HCPCS/CPT code on the encounter is not present on the DMEPOS, DMEPEN, or ASP fee schedules for the service line from date of service. A bypass condition is added to the edit logic when the service line contains the supplemental benefits indicator.

Edit 22340 – ESRD Diagnosis Code Missing – This institutional reject edit ensures that an ESRD diagnosis code is submitted with Type of Bill (TOB) 72x (End Stage Renal Disease), given the corresponding dates of service. A bypass condition is added to the edit logic when all service lines contain Supplemental Benefits Indicator.

Edit 22320 – Missing ASC Procedure Code – This professional and institutional informational edit validates the submitted ASC procedure code is present on the appropriate fee schedule. This edit is applicable for institutional encounter service lines when TOB 83X is present. This edit is applicable for professional encounter service lines when the billing provider’s NPI submitted on the encounter corresponds to the provider specialty ‘49’ and place of service is ‘24’. A bypass condition is added to the edit logic when the service line contains the Supplemental Benefits Indicator.

Edit 98300 – Exact Inpatient Duplicate Encounter – This institutional reject edit validates that a previous inpatient encounter was not submitted with the same beneficiary, date of service, type of bill, and billing provider NPI. A bypass condition is added to the edit logic when all service lines contain Supplemental Benefits Indicator.

Edit 21953 - SNF Claim Missing Revenue Code 0022 – This institutional informational edit validates that revenue code 0022 is submitted with the correct TOB. A bypass condition is added to the edit logic when all service lines contain the Supplemental Benefits Indicator.

Edit 22100 – Rev Code 0023 Missing/Invalid for DOS – This institutional informational edit validates that the revenue code 0023 is submitted with the appropriate TOB and statement and service line from dates of service. A bypass condition is added to the edit logic when all service lines contain the Supplemental Benefits Indicator.

Edit 22470 – HH Claim Missing Skilled Services – This institutional informational edit validates that home health (HH) TOB 0327 or 0329 and specific revenue codes are not present. A bypass condition is added to the edit logic when all service lines contain the Supplemental Benefits Indicator.

Preliminary RA Flag – the MAO-002 report will report a ‘RA Flag’ of blank and Reason Code of blank when Type of Bill is 11x (Hospital Inpatient) or 41x (Religious Nonmedical (Inpatient)) and all service lines contain the Supplemental Benefits Indicator.

Questions can be submitted to RiskAdjustmentOperations@cms.hhs.gov, please specify, “Encounter Data Software Release Updates: February 2024 Release” in the subject line. Thank you.

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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Appendix B

When MA organizations are submitting EDRs for supplemental benefits that are part of a combined supplemental benefits package (as described in their plan benefit package (PBP)), the MA organization must separate utilization by service category and submit a separate EDR for each service category in which there was utilization. In addition, MA organizations must report the distinct category that is being utilized in the PWK06 field. followed by ‘zz’ (zz).

SBSC Code	Supplemental Benefit Services Category Code Description
1a1	Inpatient Acute Additional Days
1a2	Inpatient Acute Non-Medicare-Covered Stay
1a3	Inpatient Acute Upgrades
1b4	Inpatient Hospital - Acute Services (For B-Only Plans)
1b1	Inpatient Psychiatric Additional Days
1b2	Inpatient Psychiatric Non-Medicare-Covered Stay
1b3	Inpatient Psychiatric Hospital Services (For B-Only Plans)
2-1	SNF Additional Days Beyond Medicare-Covered
2-2	SNF Non-Medicare-Covered Stay
2-3	SNF - Waive Hospital Stay
2-4	SNF - Waive Hospital Stay, 3 days
2-5	SNF Care (For B-Only Plans)
3-1	Additional Cardiac Rehabilitation Services
3-2	Additional Pulmonary Rehabilitation Services
3-3	Additional Intensive Cardiac Rehabilitation Services
3-4	Additional Supervised Exercise Therapy for Peripheral Artery Disease Services
4c1	Worldwide Emergency Coverage
4c2	Worldwide Urgent Coverage
4c3	Worldwide Emergency Transportation
7b1	Routine Chiropractic Care
7b2	Chiropractic - Other Service
7f	Routine Foot Care

SBSC Code	Supplemental Benefit Services Category Code Description
9d	Three (3) Pint Deductible Waived
10b1	Transportation To Any Health-related Location
10b2	Transportation To Plan-approved Location
13a	Acupuncture Treatments
13b	Over-the-Counter (OTC) Items
13c	Meals
13d	Other 1
13e	Other 2
13f	Other 3
13g	Dual Eligible SNPs with Highly Integrated Services
13i1	Food and Produce
13i2	Meals (Beyond limited basis)
13i3	Pest Control
13i4	Transportation for Non-Medical Needs
13i5	Indoor Air Quality Equipment and Services
13i6	Social Needs Benefit
13i7	Complementary Therapies
13i8	Services Supporting Self-Direction
13i9	Structural Home Modifications
13i10	General Supports for Living
13i11	Non-Primarily Health Related Benefits for the Chronically Ill Other 1
13i12	Non-Primarily Health Related Benefits for the Chronically Ill Other 2
13i13	Non-Primarily Health Related Benefits for the Chronically Ill Other 3
13i14	Non-Primarily Health Related Benefits for the Chronically Ill Other 4
13i15	Non-Primarily Health Related Benefits for the Chronically Ill Other 5
14b	Annual Physical Exam
14c1	Health Education
14c2	Nutritional/Dietary Benefit

SBSC Code	Supplemental Benefit Services Category Code Description
14c3	Additional Smoking and Tobacco Cessation Counseling
14c4-1	Fitness Benefit - Physical Fitness
14c4-2	Fitness Benefit - Memory Fitness
14c4-3	Fitness Benefit - Activity Tracker
14c5	Enhanced Disease Management
14c6	Telemonitoring Services
14c7-1	Remote Access Technologies - Nursing Hotline
14c7-2	Remote Access Technologies - Web/Phone-based Technologies
14c8	Home and Bathroom Safety Devices and Modifications
14c9	Counseling Services
14c10	In-Home Safety Assessment
14c11	Personal Emergency Response System (PERS)
14c12	Medical Nutrition Therapy (MNT)
14c13	Post Discharge In-home Medication Reconciliation
14c14	Re-admission Prevention
14c15	Wigs For Hair Loss Related to Chemotherapy
14c16	Weight Management Programs
14c17	Alternative Therapies
14c18	Therapeutic Massage
14c19	Adult Day Health Services
14c20	Home-Based Palliative Care
14c21	In-Home Support Services
14c22-1	Support for Caregivers of Enrollees - Respite Care
14c22-2	Support for Caregivers of Enrollees - Caregiver Training
14c22-3	Support for Caregivers of Enrollees - Other
16a1	Oral Exams
16a2	Prophylaxis (Cleaning)
16a3	Fluoride Treatment

SBSC Code	Supplemental Benefit Services Category Code Description
16a4	Dental X-Rays
16b1	Dental Non-Routine Services
16b2	Dental Diagnostic Services
16b3	Dental Restorative Services
16b4	Endodontics
16b5	Periodontics
16b6	Extractions
16b7	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
17a1	Routine Eye Exams
17a2	Eye Exams - Other Service
17b1	Contact Lenses
17b2	Eyeglasses (Lenses And Frames)
17b3	Eyeglass Lenses
17b4	Eyeglass Frames
17b5	Eyewear Upgrades
18a1	Routine Hearing Exams
18a2	Fitting/Evaluation For Hearing Aid
18b1	Hearing Aids (All Types)
18b2	Hearing Aids - Inner Ear
18b3	Hearing Aids - Outer Ear
18b4	Hearing Aids - Over The Ear