



DHMH ENCOUNTER DATA UPDATE



HIPAA

Dept. of Health & Mental Hygiene
Office of Planning & Development
201 West Preston Street, 2nd Flr
Baltimore MD 21201

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Provider Look-Up

Inside this Issue

- ❶ Provider Look-Up
- ❶ HIPAA
- ❷ Fatal Exception Codes
- ❸ Rendering Provider IDs
- ❸ Remit Record Lengths
- ❸ Phone Line Upgrade

Did you know that you can access the HealthChoice Provider Directory through the DHMH website?

The website is located at

www.dhmh.state.md.us

At the main screen, select "Maryland Medical Programs", then "About Our Programs", then "Search Our HealthChoice Provider Directory."

Search options include Managed Care Organization, Provider Type, Provider Last Name/Organization, and Provider Location (County). Additionally, you can further restrict your search by selecting the "Show me only Primary Care Providers (PCP)" option.

HIPAA, the Health Insurance Portability and Accountability Act, enacted into law in August, 1996, includes language which requires the adoption of standards to support electronic data interchange of a variety of administrative and financial health care transactions. Currently, the law mandates that inbound electronic claims data be submitted in the HIPAA-compliant standard format (X12 837) by October 16, 2002. While not mandated by the law, DHMH will also expect HealthChoice MCOs to submit encounter data in the standard X12N 837 format by that date.

To find out about HIPAA activities at DHMH, go to our website:

www.dhmh.state.md.us/HIPAA

Other websites which contain useful information regarding HIPAA are:

- www.wedi.org
- www.hipaadvisory.com
- www.hcfa.gov

All of these websites will point you to other useful HIPAA-relevant websites.



**DHMH MMISII FATAL EXCEPTION
CODES
FOR ENCOUNTER DATA
AS OF 2/8/02**



EXCP. CODE	Description	UB92	HCFA	DENTAL	RX
101	Exact duplicate	X	X	X	X
113	Admit date after first DOS	X			
119	Tooth surface invalid for the reported procedure			X	
124	First DOS not structured properly	X	X	X	X
126	Last DOS prior to first DOS	X	X	X	X
129	Recipient number not 11 numeric digits	X	X	X	X
138	UB-92 type of bill invalid	X			
144	Last DOS after batch processing date	X	X	X	X
148	Missing revenue code	X			
153	NDC (drug code) not valid structure				X
154	Missing prescription number				X
155	Missing prescription quantity				X
167	Admit date not structured properly	X			
170	Place of service missing or invalid	X	X	X	X
182	Patient status / discharge date conflict	X			
195	Invalid mouth quadrant			X	
196	First surgery code is missing.	X			
197	First surgery procedure date invalid	X			
217	Facility number not valid	X			
249	Units of service is zero	X	X	X	X
250	Recipient not on eligibility file	X	X	X	X
259	Procedure code requires a diagnosis code	X	X	X	
271	Recipient not enrolled with the reporting MCO on DOS	X	X	X	X
300	The reported MCO # is not on the prov master file	X	X	X	X
355	Tooth number invalid for the reported procedure			X	
361	Tooth number req'd for procedure is missing			X	
362	Tooth surface req'd for procedure is missing			X	
430	Procedure/revenue code not on file	X	X	X	
450	First diagnosis not on file	X	X	X	
460	Second diagnosis not on file	X	X	X	
470	Third diagnosis not on file	X	X	X	
480	Fourth diagnosis not on file	X	X	X	
531	Rendering provider not 9 numeric digits	X	X	X	X
533	Prescribing provider number not 9 numeric digits				X
550	First procedure code not on file	X	X	X	
560	2nd procedure code not on file	X			
589	From DOS prior to recipient DOB	X	X	X	X
900	Void/resubmission record without original ICN	X	X	X	X
901	Original ICN not found on history	X	X	X	X
912	Void/resubmit MCO # does not equal history	X	X	X	X
913	Void/resubmit recipient # does not equal history	X	X	X	X
924	RX Enc data must be submitted through 1st Health				X
925	Proc billed not valid for claim type		X	X	
951	Provider number not valid	X	X	X	X

Rendering Provider IDs

Effective September 6, 2001, logic for the 951 exception code has been enhanced to disallow the use of invalid rendering provider IDs. This fatal exception (status 2) requires that the number in the Rendering Provider field must be one of the following:

- A valid Provider ID on the MMIS II Master Provider File
- A valid Provider ID on the MMIS II Network Provider File
- One of the 5 valid default Provider IDs (Refer to Appendix B of the Encounter Data Handbook.)

Additionally, DHMH is now developing logic behind the 217 fatal exception code for UB 92 data which will preclude non-facility provider IDs in the Facility Provider # field. The logic will disallow, for example, anything other than a valid hospital ID # or valid default provider ID # for hospital inpatient encounters.)

Remit Record Lengths



Please be aware that the record length for remittance advices was changed from 250 to 256 characters. The last 6 bytes of the first record you receive will be filler. The subsequent record

would begin at position 257. This pattern would repeat throughout the submitted batch.

Phone Line Upgrade

In the July edition, we reported that DHMH was planning to upgrade telephone lines used for encounter data transmission from analog to digital.

After discussions with Verizon, it was learned that making these upgrades would in no way enhance data transmission. For this reason, we wanted to let you know that the upgrade was not made.



Got a question?
Call:



STATE OF MARYLAND

DHMH

Claudia Lamm, MHSA
Encounter Data Manager
Planning & Development Administration
Office of Planning, Development & Finance

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

410-767-5150 Fax: 410-333-7505 E-Mail: clam@dhmh.state.md.us