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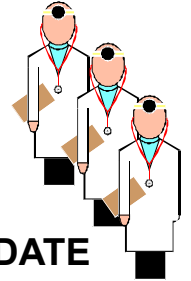
# DHMH ENCOUNTER DATA UPDATE

## NEW HCFA 1500 FIELD--NEW

At the request of one of the MCOs, we have made the necessary programming changes to allow you to transmit encounter data to the Department in the “Patient Control #” field within HCFA 1500- formatted records. This field may be used to house the rendering provider’s internal invoice or claim number. The field is not required, but is added for the convenience of the MCOs and their contracted entities. If you choose to make the necessary programming changes to receive and transmit this data electronically to the Department, it will be housed in our MMISII encounter record and subsequently returned to you on the remittance record.

The field in question is sequence #15 (positions 114-124) on the Medical (HCFA 1500) Detail Record and sequence #8 (positions 70-80) on the medical remittance layout. New remittance layouts were forwarded to the MCOs in October reflecting this change.

We are pleased to be able to accommodate this request and hope that it will aid you in tracking and reconciling encounter information with your contracted entities.



## EDIT 393- MULTIPLE OFFICE VISITS ON THE SAME DATE OF SERVICE

Effective January 28, exception code 393 (“ENCOUNTER UNITS GREATER THAN PROC MAX UNITS”) has been made a fatal (status 2) exception when the procedure code for a HCFA encounter reflects an office visit (CPT codes 99201-99215) and the units of service is greater than 2.

Activation of this edit will reduce the number of encounter records with data entry errors in this field, as well as assist the SURS unit in distinguishing instances of provider fraud.

# SURS

The SURS (Surveillance and Utilization Subsystem) is a Federally required component of the Medicaid Management Information System (MMISII).

The SURS Unit manages this subsystem and produces reports to provide comprehensive profiles of the utilization of services to Medicaid recipients. These reports are used to detect fraud and abuse, monitor quality of services, and aid in the development of program policy.

In recent months, the SURS Unit has begun to focus more intensively on encounter data. The advent of new fatal exception codes (such as the 951 code, described in Volume 1, Issue 1 and the 393 code, described on page one of this issue) will help clean up the data and assist the SURS unit in the evaluation of encounter data. Look for other new codes to be added in the near future to assist in these efforts.



## NEW ENCOUNTER REPORT

In December, you began receiving a new daily encounter report, (HMFV-1030R001, the Reject Summary Report) for any failed batches you submitted. This report reflects encounter files (I=HIP, J=HOP, E=HCFA, D=Dental), which failed the batch balancing function and were not accepted into the MMISII encounter data subsystem. Page 4 of the newsletter shows an annotated copy of this report which reflects the following information:

- 1. BATCH TYPE- the claim type for the failed batch (I=HIP,O=HOP, H=HCFA, D=Dental)
- 2. Reject reason description (see Page 6 for a more complete description.)
- 3. Batch Identifier- the unique identifier assigned by the MCO upon submission.



4. NUM RECS: The record number that was being processed at the time the batch failed

5. ACCUM \$: If the batch failure was due to a discrepancy regarding accumulated charges, this is the correct sum of the record's accommodation or ancillary charges

6. INPUT \$- The accumulated charges reported by the MCO in Record 90.

On Pages 5 & 6, you will find a copy of the Batch Balance Reject Reason Codes to assist you in interpreting this report. If you have any questions regarding batch failures, please contact Claudia Lamm at (410) 767-5150.



# FACILITY PROVIDER IDS

# DENTAL CODING



As of January 28, a UB-92 encounter that contains other than a valid Medicaid Provider ID or valid default provider ID in the Facility Provider Number field will receive a fatal exception (217, "Facility Number Not Valid.") This will occur for both inpatient and outpatient hospital encounters. In conjunction with the 951 exception code ("Provider Number Not Valid"), activated in September, we should have a greater ability to identify rendering providers for analysis and audit purposes.

Maryland Medicaid amended the dental regulations to adopt the American Dental Association's (ADA) Current Procedural Terminology (CDT-3) code effective December 1, 2001.

However, pursuant to a letter to MCOs dated December 27, encounters submitted with non-ADA codes will not receive fatal errors until January 16. This was to allow MCOs sufficient time to inform their dental vendors and make the necessary internal changes.

**Reminder:**



**MCO  
Encounter Data  
Workgroup Meeting**

**Thursday, January 31  
UMBC Tech Center**

**9:00 a.m. – 12 Noon**

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