



## **EODC Getting Started**

**New York State Department of  
Health  
2011**

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## Training Topics

- **Overview of the EODC Project**
- **Chapter 1: Edits Changes**
- **Chapter 2: New data elements and values**
- **Chapter 3: File structure changes**
- **Chapter 4: Edit reports**



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## Overview of the EODC Project

- **2006:** Law changed to collect all Outpatient (OP) claims. Total number of facilities certified for OP statewide is approximately 2700:
  - 1460 Hospital based OP Departments
  - 1240 Diagnostic and Treatment Centers (DTCs - commonly known as clinics)
  - 8 fold increase in the number of facilities submitting SPARCS data

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## Overview of the EODC Project

- **EODC Project implemented in three phases:**
  - Phase 1: Hospital based OP departments for currently submitting hospital locations (PFIs). This does NOT include OP Departments at off-site hospital extension clinic locations
    - approximately 223 facilities
  - Phase 2: Hospital based extension clinic OP departments located other than the main hospital site
    - approximately 1070 facilities
  - Phase 3: Diagnostic and Treatment Centers
    - approximately 1200 facilities

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## Overview of the EODC Project

- **Phase 1: Hospital based OP departments for currently submitting hospital locations (PFIs).**
  - Announcement Letter dated December 27, 2010 to all hospitals
  - Collection begins July, 2011
  - January – June, 2011 OP data due by September 30, 2011
  - All 2011 OP data associated with a face to face visit
    - Do not report walk-in lab and radiology only (referred ambulatory) visits
    - Complete listing at:  
<http://www.health.state.ny.us/statistics/sparcs/sysdoc/phase1rpt.pdf>

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## Overview of the EODC Project

- **Phase 2: Hospital based OP Departments located at other than the main hospital site (OP extension clinics)**
  - Collection to begin January, 2013
  - Complete listing at:  
<http://www.health.state.ny.us/statistics/sparcs/sysdoc/phase2rpt.pdf>

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## Overview of the EODC Project

- **Phase 3: All Diagnostic and Treatment Centers**
  - Date to be announced
  - List of facilities not yet posted

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## Overview of the EODC Project

- Currently collecting three **data types** based on approved services on operating certificate:
  - Inpatient (IP)
  - Ambulatory Surgery (AS)
  - Emergency Department (ED)
- Currently collecting two **file types**
  - Inpatient: includes IP data type only
  - Outpatient: includes three data types
    - AS, ED, OP (beginning August, 2011)

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## Overview of the EODC Project

- Current X12-837 versions collected by SPARCS:
  - 4010A1
  - 4050R
  - Neither can accommodate the new ICD-10 coding schema
- Switch to version 5010R in January 2013
  - Can accommodate new ICD-10 coding
  - 5010I will be accepted

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## Overview of the EODC Project

- **Which OP data elements IS SPARCS requiring?**
  - A pared down version of the current Emergency Department elements
  - Refer to Handout A, “Expanded OP Data Specifications”
  - Complete listing at:  
[http://www.health.state.ny.us/statistics/sparcs/sysdoc/eodc\\_data\\_elements.pdf](http://www.health.state.ny.us/statistics/sparcs/sysdoc/eodc_data_elements.pdf)

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## Overview of the EODC Project

- **Do NOT submit to SPARCS:**
  - “Walk-in” lab visits and radiology not associated with a face to face visit
    - CPT procedure codes, Healthcare Common Procedure Coding System (HCPCS) codes and revenue codes are being suggested to identify records where the sole purpose is for laboratory and diagnostic radiology testing
    - Refer to EODC-012 of the FAQ document for a complete listing

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## Overview of the EODC Project

- Some of the data elements which do **NOT** pertain to OP data collection are:

Discharge Hour	Heart Rate on Arrival (AMI only)
Admission Hour	Systolic Blood Pressure on Arrival (AMI only)
Patient Status or Disposition	Diastolic Blood Pressure on Arrival (AMI only)
Expected Principle Reimbursement	Patient Race
Patient Reason for Visit	Patient Ethnicity
Accident Hour	Operating Physician License Number
Procedure Time	Other Operating Physician License Number

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## Overview of the EODC Project

- Where do I get information on the new OP data requirements?
  - New SPARCS Input Data Specifications document
  - Summary of Changes spreadsheet is an attachment to the Data Specifications document
  - <http://www.health.state.ny.us/statistics/sparcs/sysdoc/eodc.htm>
- Currently use the Data Dictionary (Table of Contents) and the Inpatient and Outpatient Addendums separately
- New Data Specifications document merges all three into one downloadable document
- Many SPARCS data element names changed to be in line with either NUBC or ASC-X12 naming conventions

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## Overview of the EODC Project

### Summary of Changes Spreadsheet

NM109	2010BB	Payer Identification Number	Used if subscriber IS the patient (Version 5010 only)
			Length changed from AN 5 to AN 8
			Required if Source of Payment Typology I = "1xxx" (Medicare) or "2xxx" (Medicaid)

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## Overview of the EODC Project

### Data Edit Specifications Legend

Data Edit	Data Edit Name	Description
R	Required	Data element must be submitted for the service type and must not be blank.
S	Situational	Required based upon values of other elements
O	Optional	This element is not required and may be blank, however, if submitted, it will be edited..
N	Not Needed	Not required, not edited, not collected. If submitted it will be ignored.

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## Overview of the EODC Project

New Data Edit Specifications matrix on each page of the  
Data Specifications document

### SPARCS INPUT DATA ELEMENT DESCRIPTION

<b>Data Element Name:</b> Admitting Diagnosis Code	Data Edit Specifications			
	AS	ED	IP	OP
	N	N	R	N
<b>Format-Length:</b> AN - 6				
<b>Effective Date:</b> January 1, 1994	<b>Revision Date:</b> March 2011			

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## Overview of the EODC Project

- Current Edit Report classifies only ED and AS data types
- New category listing:
  - AS Only
  - AS from ED
  - ED Only
  - OP
- How will the new Revenue Code based classifications affect my service category summaries?

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## Overview of the EODC Project

- **Revenue Codes**

- ED: 045x
- AS:
  - 0360 Operating Room Services
  - 0362 Organ transplant other than kidney
  - 0369 Other Operating Room Services
  - 0481 Cardiac Cat Lab, Cardiology
  - 0490 General Classification Amb. Surg.
  - 0499 Other Amb. Surg. care
  - 0750 Gastrointestinal
  - 0790 Lithotripsy
- OP: All others not classified above

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## Overview of the EODC Project

### Edit Report Data Classifications

Revenue Codes			Edit Report Category	Procedure Time Required
ED	AS	OP		
X			ED Only	NO
X	X		AS from ED	YES
X		X	ED Only	NO
X	X	X	AS from ED	YES
	X		AS Only	YES
	X	X	AS Only	YES
		X	OP Only	NO

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## Overview of the EODC Project

How will this affect my Submission Compliance?

- 2011 Data Reconciliation will be based upon a revised analysis of the new OP records being submitted
- FASC only facilities – no change
- Hospitals
  - ED and AS counts may be affected by revenue codes

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## Chapter 1 Edit Changes

- 72 hour rule relaxed
- Race requirement
- Ethnicity requirement
- Payer ID Edits
- Claim Filing Indicator and SOP I

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## 72 Hour Rule Relaxed

- Now the principle procedure date can be more than 72 hours after the admit date
- OP only, rule is still in place for ED and AS

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## Race Requirement Relaxed

- Now the Race can be sent in blank
- OP only, rule is still in place for IP, ED and AS

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## Ethnicity Requirement Relaxed

- Now the Ethnicity can be sent in blank
- OP Only, Ethnicity is still required for IP, ED and AS

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## Payer ID Edits

Depending on the Claim Filing Indicator, there are requirements for Typology, Payer ID, Provider ID and Policy Number.

### Inpatient only

Claim Filing Indicator	Typology	Policy #	Provider ID	Payer ID
MA,MB,16	1xx	Yes	Yes	Yes
MC	2xx	Yes	Yes	Yes
BL		Yes	Yes	Yes
12,CI,HM		Yes	No	Yes
All Others		No	No	No

### Ambulatory Surgery, Emergency Department and Outpatient

Claim Filing Indicator	Typology	Provider ID	Payer ID
MA,MB,16	1xx	Yes	Yes
MC	2xx	Yes	Yes
BL		Yes	Yes
12,CI,HM		No	Yes
All Others		No	No

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## Claim Filing Indicator and SOP I

If the Claim Filing Indicator is Medicaid or Medicare Typology I is Required

### Inpatient only

<u>Claim Filing Indicator</u>	<u>Typology</u>
MA,MB,16	1xx
MC	2xx

### Ambulatory Surgery, Emergency Department and Outpatient

<u>Claim Filing Indicator</u>	<u>Typology</u>
MA,MB,16	1xx
MC	2xx

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## Chapter 1 Edit Changes: Recap

### ANY QUESTIONS?

- 72 hour rule
- Race requirement
- Ethnicity requirement
- Payer ID Edits
- Claim Filing Indicator and SOP

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## Chapter 2

### New Data Elements & Values

- Date of service
- Medicaid rate code
- Condition code P7
- New claim filing indicators
- New Appendices

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## Date of Service

- OP Only, not required for ED and AS
- Required for all CPT codes
  - Missing will give 2400DTP3000 error

Error Code	Patient Control Number	Loop	HL Index	Element	Value
<a href="#">2400DTP3000</a>	00001	2400	2	*DTP	SERVICE DATE NOT FOUND

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## Medicaid Rate Code

- Required for all claims that have MC (Medicaid) as the claim filing indicator value.
- Rate codes are found in Appendix - OO

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## New Appendices

### Appendix OO – Medicaid Rate Codes

#### Appendix OO - Medicaid Rate Codes

##### Information on Rate Codes

- Medicaid rate codes are maintained by the Office of Health Insurance Programs.
- For further information for Medicaid rate codes see the Department's of Health's "[Ambulatory Care Payment Reform - Ambulatory Patient Groups \(APGs\)](#)" webpage.

##### Rate Codes

- Hospital and DTC Clinic Ambulatory Care/Outpatient Rate Codes ([PDF 959 KB, 7 pages](#)) ([XLS 83KB, 7 pages](#))

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## Condition Code P7

- Now used instead of 7 in point of origin
- A value of 7 in point of origin is no longer valid
- This is a NUBC change that was implemented October 1, 2010
- SPARCS has not been able to accommodate this change until now

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## New Claim Filing Indicators

- New values – OP Only
  - 13 Point of service
  - 17 Dental maintenance organization
  - AM Automobile Medical
  - DS Disability
  - FI Federal employees
  - LM Liability medical
  - TV Title V
  - ZZ Type of insurance is not known

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## New Appendices

### Appendix O-Medicaid Managed Care Payer ID Numbers

MEDICAID MANAGED CARE PLAN	PAYER ID#	CONTRACT COUNTY	TYPE OF PLAN
Affinity Health Plan	00477156	Nassau	PHSP
Affinity Health Plan	00477156	NYC	PHSP
Affinity Health Plan	00477156	Orange	PHSP
Affinity Health Plan	00477156	Rockland	PHSP
Affinity Health Plan	00477156	Suffolk	PHSP
Affinity Health Plan	00477156	Westchester	PHSP
Affinity Provider	02802899	NYC	Medicaid Advantage
Amerigroup Comm Connections	02644562	NYC	Partial MLTC
Amerigroup NY	01617894	NYC	PHSP
Amerigroup NY	01617894	Putnam	PHSP

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## New Appendices

### Appendix NN -Programmers Guide for SPARCS Requirements

Data Element Name	Segment ID	Data Type	Min./Max. Length	Syntax/Value	Notes
ISA Interchange Control Header (Header)					Fixed Length required
	ISA01	ID	2/2	May equal "00"	
	ISA02	AN	10/10	May equal Authorization Information	
	ISA03	ID	2/2	May equal "0"	
	ISA04	AN	10/10	May equal Security Information	
	ISA05	ID	2/2	Must equal "ZZ"	
	ISA06	AN	15/15	May equal Interchange Sender ID or SPARCS Collector Code	
	ISA07	ID	2/2	Must equal "ZZ"	
	ISA08	AN	15/15	May equal Interchange Receiver ID or SPARCS Collector Code	

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## Chapter 2

### New Data Elements & Values: Recap

ANY QUESTIONS?

- Date of Service
- Medicaid Rate Code
- Value Code P7
- New Claim Filing Indicators
- New Appendices

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## Chapter 3


### File Structure Changes

- Non covered and covered days
- Diagnosis codes & Ecode structure change in HI segments
- Payor ID size larger
- Units of service


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## Non-Covered and Covered Days

- Now sent in as a value code no longer in QTY02
- 4050

HI\*BK:49121\*BJ:78605~  
HI\*BF:79902:Y\*BF:49122:Y\*BF:3051:Y\*BF  
11:Y\*BF:73300:Y\*BF:V1272:1\*BF:V1083:  
HI\*BR:9394:D8:20100210~  
HI\*BH:11:D8:20100210~  
QTY\*CA\*3\*DA~ 

- 5010

HI\*BK:63491~  
HI\*PR:8510~  
HI\*BN:E8898\*BN:E9898\*BN:E8876~  
HI\*BF:8889:Y~  
HI\*BR:3614:D8:20110402~  
HI\*BE:80:1\*BE:81:0~ 


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## Diagnosis Codes on their own HI Segments

- In 4050 they were on the same line 

HI\*BK:63491\*PR:8510\*BN:E8898\*BN:E9898\*BN:E8876~  
HI\*BF:8889:Y~  
HI\*BR:3614:D8:20110402~

- In 5010 they get their own line

HI\*BK:63491~   
HI\*PR:8510~  
HI\*BN:E8898\*BN:E9898\*BN:E8876~  
HI\*BF:8889:Y~  
HI\*BR:3614:D8:20110402~  
HI\*BE:80:1\*BE:81:0~

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## ECodes on their own HI Segments

- In 4050 they were on the same line

```
HI*BK:63491*PR:8510*BN:E8898*BN:E9898*BN:E8876~
HI*BF:8889:.....Y~
HI*BR:3614:D8:20110402~
```

- In 5010 they get their own line

```
HI*BK:63491~
HI*PR:8510~
HI*BN:E8898*BN:E9898*BN:E8876~
HI*BF:8889:.....Y~
HI*BR:3614:D8:20110402~
HI*BE:80:::1*BE:81:::0~
```

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## Payer ID Size Larger

Now 8 alpha numeric characters are accepted to accommodate the Medicaid managed card numbers

### Appendix O-Medicaid Managed Care Payer ID Numbers

MEDICAID MANAGED CARE PLAN	PAYER ID#	CONTRACT COUNTY	TYPE OF PLAN
Affinity Health Plan	00477156	Nassau	PHSP
Affinity Health Plan	00477156	NYC	PHSP
Affinity Health Plan	00477156	Orange	PHSP
Affinity Health Plan	00477156	Rockland	PHSP
Affinity Health Plan	00477156	Suffolk	PHSP
Affinity Health Plan	00477156	Westchester	PHSP
Affinity Provider	02802899	NYC	Medicaid Advantage
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Amerigroup NY	01617894	NYC	PHSP
Amerigroup NY	01617894	Putnam	PHSP

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## Service Unit Count

- Formerly called Accommodation Days
  - In the 4050 you sent us accommodation days and rate as well as total.
  - In the 5010 send total and units of service
- Required for IP and OP

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## Chapter 3: File structure changes Recap

### ANY QUESTIONS?

- Non covered and covered days
- Diagnosis on their own segments
- Payor ID larger
- Service unit count

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## Chapter 4 Edit reports

- Changes in the new edit reports
- Where the claims are recorded AS, ED, OP
- Upload time

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## Changes in the new edit reports

- The file path and name are in the header of the file

**Date 04/29/2011**

**New York State Department of Health**

**Statewide Planning and Research Cooperative System (SPARCS)**

**X12-837 Inpatient Edit Report Beta Test Log 000270 -- Upload Log X042**

**Uploaded File: C:\SPARCS\_Is\_The\_Greatest\I\_Love\_Sparcs\_Jan\_2011.x12**



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## Changes in the new edit reports

Error descriptions are no longer linked to the data dictionary.

Code	Description
2000HL1000	HIERARCHICAL ID NUMBER
2000HL2000	SUBSCRIBER NOT FOUND
2000HL3000	HL INFORMATION SOURCE CODE
2000HL4000	HL CHILD CODE
2000NM11000	PROVIDER ID - PRIMARY PAYER
2000NM19000	PAYER ID - PRIMARY PAYER
2000SBR0000	SBR SEGMENT NOT FOUND
2000SBR9000	CLAIM FILING INDICATOR CODE - PRIMARY PAYER
2010DMG2000	DATE OF BIRTH
2010DMG3000	GENDER
2010N31000	STREET ADDRESS
2010N41000	CITY
2010N42000	STATE
2010N43000	ZIP CODE
2010N46000	COUNTY CODE

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## Changes in the new edit reports

Now use the data specifications manual

### SPARCS INPUT DATA ELEMENT DESCRIPTION

<b>Data Element Name:</b> Billing National Provider Identification Number (NPI) (Previously Provider Identification Number)		<b>Data Edit Specifications</b>			
		AS	ED	IP	OP
<b>Format-Length:</b> AN - 13		R	R	R	R
<b>Effective Date:</b> January 1, 1994		<b>Revision Date:</b> March 2011			
<b>National Standard Mapping:</b>					
<b>Electronic - 837I</b>	<b>X12 Loop</b>	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Code</b>	<b>X-12 Data Element Name</b>
Version 4050R	2010AA	NM109	67		Service Provider Identifier
5010R					
<b>Paper Form</b>	<b>Locator</b>	<b>Code Qualifier</b>	<b>Description</b>		
Institutional - UB-04	56	N/A			

**Definition:**

The unique identification number assigned to the provider submitting the bill. Required for billing providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive and NPI. Required when reporting for Centers for Medicare and Medicaid Services.

**\* Codes and Values:**

1. Equals facility's National Provider ID (NPI).

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## Where the claims are recorded

The Outpatient claims will be classified as:

Type	Accepted	Rejected	Total	% Pass
AMBULATORY SURGERY	0	0	0	0
AMBULATORY SURGERY FROMED	0	0	0	0
EMERGENCY DEPARTMENT	0	0	0	0
EODC OUTPATIENT	1	0	1	100
TOTAL	1	0	1	100

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## Upload time

- The system is designed to log you out after 1 hour of no use
- BUT if you submit a large file and leave the browser alone for more than 1 hour, you WILL still receive the confirmation and the file will be accepted.
- IMPORTANT, leave the browser alone if the response takes more than one hour, if you click any other link it will interrupt the upload.

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## Chapter 4: Error reports Recap

### ANY QUESTIONS?

-  Changes in the new edit reports
-  Where the claims are recorded AS, ED, OP
-  Upload time

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## Contact Information

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