



Statewide Planning and Research Cooperative System (SPARCS)
Questions and Answers from SPARCS Submitter Forums

| Submitter Forum Date | Questions | Answers |
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| 05/17/23 | We have rejects for missing cause of injury and place of occurrence codes on Anesthesia accounts for the professional billing. Should this account type be included or excluded from SPARCS reporting? | Professional claims are not required by SPARCS submissions. SPARCS collects patient-level details on patient characteristics, diagnoses and treatments, services, and charges for inpatient and outpatient services (ambulatory surgery, emergency department, and outpatient services). Cause of injury and place of occurrence coding should be included on the facility SPARCS claim as applicable when identified on the Injury, Cause, and Place Code Set . |
| 05/17/23 | Will the place code requirement be turned off for those codes that do not require a cause code (poisoning/complications of care)? | The code edits are based on the Injury, Cause, and Place Code Set , which was updated to reflect codes such as poisoning and complications of care where cause is not required if the cause is included in the description of the code. |
| 05/17/23 | Per coding guidelines, place of occurrence is not needed on complications of procedures or complications of prosthetic devices, implants don't require a place of occurrence. We have coded the "Y" as an abnormal reaction or later complication but are getting a reject for missing the place of occurrence. | If there are specific ICD-10-CM code(s) in question related to the injury code set, facilities should submit a help desk ticket to the Optum portal. |
| 05/17/23 | Patient is in a NH, has a suprapubic tube that becomes dislodged. It comes in about every 3 months to have it changed/fixed. Is this always going to be an initial visit? SPARCS now wants (ex. cause codes, place on complication codes). | DOH does not advise on what ICD-10-CM codes should be assigned. ICD-10-CM coding resources should be consulted for proper code assignment. |



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| 05/17/23 | What would be the place for removal of hardware? They only want it on initial, not on subsequent or sequela. | DOH does not advise on what ICD-10-CM codes should be assigned. ICD-10-CM coding resources should be consulted for proper code assignment. |
| 05/17/23 | Is it possible to have the rejected code in the CSV file? | No, the CSV error files cannot return rejected diagnosis codes. |
| 05/17/23 | Will the claim reject if a place was added when not needed? | No. |
| 05/17/23 | <p>Complication codes are not injury codes. Until an injury is healed it is an A, but a follow up after healing it is an S.</p> <p>How is that going to apply to complication codes? Removal of hardware from a bunion procedure, a bunion was never an injury, but now they want cause of injury and place. This will have a lot of unspecified codes in the data.</p> | <p>DOH does not advise on what ICD-10-CM codes should be assigned. ICD-10-CM coding resources should be consulted for proper code assignment.</p> <p>If there are specific ICD-10-CM code(s) in question related to the injury code set, facilities should submit a help desk ticket to the Optum portal.</p> |
| 05/17/23 | For example: pt has a k-wire (implant) in their toe and it is painful and needs to be removed. Using Y83.1 as cause of injury, how would you report the place code? Are there codes to show body parts? | DOH does not advise on what ICD-10-CM codes should be assigned. ICD-10-CM coding resources should be consulted for proper code assignment. |
| 05/17/23 | If the cause of injury and place of occurrence is already submitted on the initial encounter, how do we identify that they do not need to be submitted again? For example, an injury and external cause code are coded on the SDC account, but the same injury codes are on the professional anesthesia account group billing. Do they still need to be included in Anesthesia account? | Professional claims are not required by SPARCS submissions. SPARCS collects patient-level details on patient characteristics, diagnoses and treatments, services, and charges for inpatient and outpatient services (ambulatory surgery, emergency department, and outpatient services). Injury and place of occurrence coding should be included on the facility SPARCS claim as applicable when identified on the Injury, Cause, and Place Code Set . |



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| 05/17/23 | Where on the X12 file (which fields and loops), should “place of injury diagnosis” be entered? Do we need to buy an updated implementation guide to get the exact specifications? | Place of injury diagnosis code should be entered as other diagnosis code in the 2300 claim information loop, “HI” segment, with the ABF qualifier. Yes, the ASC X12 Implementation Guide is a proprietary resource that must be purchased for reference in conjunction with the SPARCS Transaction Information Companion Guide . |
| 05/17/23 | Can SPARCS share who the SMEs were who reviewed this data? | SPARCS works closely with subject matter experts from the NYS Bureau of Occupational Health and Injury Prevention on the Injury, Cause, and Place Code Set . |
| 05/17/23 | Does Y84.6 now require a place code? We are getting edits asking for place code (Complications of medical and surgical care). | Yes. That is in accordance with the ICD-10 coding guidelines. |
| 05/17/23 | What is the time frame for resubmitting? | Facilities that are required to resubmit data for the injury remediation project will have approximately 90 days to resubmit. |
| 05/17/23 | All claims that reject for the N0003/N0002 would need to have coding reviewed and external cause of injury added for resubmissions? | Yes, if the edits were not corrected and resolved at the time of submission. |
| 05/17/23 | What are the codes that will reject for remediation? | The injury edit codes for remediation are N0003 and N0002. These edit codes are based on the Injury, Cause, and Place Code Set designations. |
| 05/17/23 | How do we deal with accounts that need new requirements External Cause codes that we have already submitted? | Claims already submitted will be included in the remediation project for correction to add the external cause code if required. |



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| 05/17/23 | Still trying to understand the criteria for the Remediation project. If accounts were corrected and resubmitted based on the requirements at the time, are we being asked to submit again with the new logic applied? | If accounts were corrected and resubmitted at the time to resolve the injury edit, then they would not need remediation based on the selection criteria. |
| 05/17/23 | When is the initial email notification expected to go out to facilities that need to perform remediation? | Facilities will receive a notification in a few weeks. |
| 05/17/23 | What is the HCS? Please provide more information about the HCS access needed for file remediation. | SPARCS utilizes the Health Commerce System (HCS) to securely transmit data to facilities. HCS access is required to receive data requiring remediation. Quick Reference Guides for New HCS User Account and Secure File Transfer are attached for additional information. If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1. |
| 05/17/23 | Do you know what role is required for FTP in HCS? | Any user with HCS access can utilize the Secure File Transfer 2.0 application. |
| 05/17/23 | Will the facility get a list of the claims that rejected for those edits? | Yes. Facilities that have data to remediate will receive a claim detail file via the Secure File Transfer 2.0 application of the HCS. |
| 05/17/23 | Is there a specific place within HCS to obtain the files? | The files will be sent using the Secure File Transfer 2.0 application in the Health Commerce System. |
| 05/17/23 | Does SPARCS have a list for each facility that has HCS access to provide to us? | SPARCS does not manage or support HCS. If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1. |



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| 05/17/23 | We experience a downtime that locked us out for 2 months and is still doing backfill. Our accounts are being pushed out missing data. How can we handle these changes? | Facilities should refer to the SPARCS Data Submission Compliance Protocol for more information on compliance and how to submit requests for extensions or exceptions due to extenuating circumstances. |
| 05/17/23 | Any update on the Expanded SPARCS submission requirements for free standing health centers? | There are no plans to expand SPARCS outpatient data collection currently. |
| 05/17/23 | If a patient has a SDC visit and a separate anesthesia on the same person, we would be sending the same information twice. Would that be correct? | Only one facility SPARCS claim needs to be submitted if the patient received multiple services within the same visit. |
| 05/17/23 | We have demographic rejections (admit source, admit type, etc.) for ED encounters where the patient leaves without being seen by a Provider. How should these be handled? The patient has left so the information is not available. | If the patient leaves without being seen by a provider, then there is no ED visit to submit to SPARCS. |
| 05/17/23 | As discussed with some of the unacceptable principal diagnosis Z codes that is the only code that can be used to do social admission to hospital going to be reviewed for the rejections that we receive. | If there are specific ICD-10-CM code(s) in question, facilities should submit a help desk ticket to the Optum portal. |
| 05/17/23 | I would like to address the POA indicator required edit P2242070. CMS updates the POA exempt list in October/April. In the past, Optum edits have not been updated in time to address these changes and accounts that are coded with the correct indicator have continued to reject for months. We've seen a similar delay with newly effective ICD 10 and CPT codes. Accounts with codes effective based on the discharge date continue to reject. Is it possible for these updates to be incorporated earlier? | The process for POA edit and code set updates is based on CMS schedule for publication of POA exempt list and ICD-10/CPT codes. The SPARCS edits and codes must be tested for validation prior to production to the portal. This often takes longer than the CMS effective date since updates are published close to the CMS effective date. SPARCS will continue to work with our DOH vendors to ensure that updates occur as soon as possible after CMS effective date. |



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| 05/17/23 | The error code P2242051 -service line procedure code SV2-32 must be used because the claim is for output mean. Does this mean that SPARCS didn't get the procedure code? | Facilities should review the Adj/Dup/Void tabs in the SPARCS Portal for information on error codes received to correct rejected records and/or files. Please contact the Optum Help Desk for assistance if needed. |