

Statewide Planning and Research Cooperative System (SPARCS) Data Submission Release Notes

The following is a list of currently resolved or currently known SPARCS data submission edit changes or issues. The SPARCS submission program is working with its vendor Optum to correct these issues as quickly as possible and will keep users updated as changes occur. We welcome your feedback. If you believe other issues exist, please contact the Optum/SPARCS helpdesk at (844) 225-3719; Monday-Friday, 8AM-7PM EST.

#	Status	Date Resolved/ Implemented	Effected Field(s)/Loop(s)	Current Edit	What was happening	What will now happen (New Edit)
1	Resolved	04/18/2019	Loop 2300/NTE02	When principal diagnosis code is a myocardial infarction condition, patient heart rate, as well as systolic and diastolic blood pressure values, must be reported in loop 2300 NTE claim note segment	The edit description was unclear	The edit description will be: "When principal diagnosis code is a myocardial infarction condition patient heart rate as well as systolic and diastolic blood pressure values must be reported in Loop 2300 NTE claim note segment."
2	Resolved	04/18/2019	Loop 1000B	Receiver Name Loop 1000B is required	Files are accepted and processed when the required Receiver Name Loop is missing	If the Receiver Name Loop is missing, then the files will be accepted, but all records will be rejected with an error message indicating the required Receiver Name Loop is missing.
3	Resolved	04/18/2019	Loop 2010BA / DMG05 and Loop 2010CA / DMG05	The race or ethnicity code is required if the patient information is present	Along with patient race and ethnicity, subscriber race and ethnicity were being required when the subscriber was not the patient	When subscriber is not the patient, only patient race and ethnicity are required. If either or both are not reported, the record will be rejected.
4	Resolved	05/02/2019	2400/SV202-2	The service line level procedure code is not a valid CPT or HCPCs code for this date of service	Allowing invalid HCPCs/CPT codes when the discharge date minus statement from date is less than 2 days	Invalid HCPCs codes will be rejected
5	Resolved	05/30/2019	2300/HI*ABK	The principal diagnosis code submitted is not appropriate for inpatient records	Edit to be reactivated upon DOH request with exclusion of dx code Z0371	There is a list of diagnosis codes that cannot be in the principal diagnosis field. If a diagnosis code on the list is in the principal diagnosis field, the claim will be rejected.

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6	Resolved	09/05/2019	2300/HI	Procedure Date (HIXX-4) cannot be older than the Statement FROM Date OR more recent than the Statement THRU Date (DTP, DTP01=434)	Inpatient records pull hierarchically from 1) Condition Code Amount or 2) Statement THRU Date for the Discharge Date. For cases using the Condition Code Amount, this could allow a Procedure Date to be after the Discharge Date.	For inpatient records, Procedure Dates after the pulled Discharge Date will be rejected.
7	Resolved	09/05/2019	2300/HI	Line level charges cannot be negative	Negative line level charges were being accepted	Negative line level charges will be rejected
8	Resolved	09/05/2019	2300/NTE	Heart Rate, Systolic Blood Pressure, and Diastolic Blood Pressure should only be 3-digits	4-digit values were being accepted	Patient heart rate and systolic and diastolic blood pressure values reported in loop 2300 NTE claim note segment must be less than or equal to 999. If any of them are not, the record will be rejected.
9	Updated/Resolved	04/03/2020	2300/HI	For newborn patients with inpatient place of service, a nonzero whole number birthweight must be reported	Invalid birthweights were being reported	Birthweight must be between 200 and 12,500 grams. If not, the record will be rejected.
10	Resolved	12/12/2019	2300/HI	The age range criteria for Pediatric is 0 to 17 years and 0 days (the 17 th birthday day).	Caused a vacant period of 17 years and 1 day to 17 years and 364 days, resulting in records with age appropriate diagnosis codes to be rejected.	Criteria will be expanded to cover Age less than 18 years. If the age is not less than 18 years old, the record will be rejected.

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11	Resolved	12/12/2019	2300/HI	Select ICD 10 Diagnosis codes are classified as Injury codes requiring cause of injury.	For certain codes, some facilities may not have access to the cause of the injury, thus ultimately not allowing the record to be reported.	ICD10 diagnosis codes classified as Injury and ending with 'S' or 'D' will not require a cause of injury. If the cause of injury field is blank where at least one ICD 10 diagnosis code is classified as 'injury-requires cause of injury' and does NOT end with either 'S' or 'D', then the record is rejected.
12	Resolved	12/12/2019	2300/HI	ICD 10 Diagnosis code Z51.89 is inappropriately listed as <u>Unacceptable as Principal Diagnosis</u> .	Causes any record with the diagnosis code listed as Principal to reject the record.	Primary diagnosis code of Z5189 requires a secondary diagnosis code to be present. If one is not present, the record will be rejected.
13	Resolved	03/12/2020	2300/NTE	Updated Payor Typology List	Version update: Previous version of Source of Payment Typology was version 7.	Source of Payment Typology has been updated to version 9; effective August 2019. See SPARCS submission site at: https://www.health.ny.gov/statistics/sparcs/su_bmission/
14	Resolved	03/12/2020	2300/DTP 2300/HI	ICD9/10 codes with Statement THRU dates	ICD10 codes were being accepted on outpatient & inpatient claims with Statement THRU dates prior to 10/1/2015. ICD9 codes were being accepted on outpatient & inpatient claims with Statement THRU dates after 10/1/2015.	If a claim with a Statement THRU date prior to 10/1/2015 contains ICD10 codes, the record will be rejected. If a claim with a Statement THRU date after 10/1/2015 contains ICD9 codes, the record will be rejected.

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15	Resolved	03/12/2020	2300/CLM 2300/HI with 'BG' qualifier	P7 condition code	P7 condition code is only allowed on inpatient claims (claims identified by bill type codes 11, 12,18,21,22,28,41,65,66,86)	If a claim with a P7 condition code and a bill type other than 11, 12, 18, 21, 22, 28, 41, 65, 66, 86 is submitted, the record will be rejected
16	Resolved	03/12/2020	2300/HI 2400/SV2	Updated ICD10, CPT and HCPCS codes for 2020	Claims were being rejected that contained valid 2020 ICD10, CPT and HCPCS codes	Claims that contain valid 2020 ICD10, CPT and HCPCS codes will be accepted
17	Resolved	04/01/2020	N/A	N/A	COVID-19 related ICD-10, HCPCS, and CPT codes not present in code set tables	ICD-10, HCPCS, and CPT code tables have been updated, including COVID-19 related codes. Complete list of ICD-10-CM codes.: https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM Complete list of HCPCS codes: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html Complete list of CPT4 codes https://www.ama-assn.org/
18	Resolved	04/03/2020	2300/HI	An inpatient claim with age < 29 days will reject with the N0016 Edit code when the Primary Diagnosis Code is a low birthweight with a specific range and the reported	Low birthweight diagnosis ranges were not being evaluated correctly in N0016 Low Birthweight edit.	For inpatient claims with age < 29 days and a low birthweight diagnosis code reported, a nonzero whole number birthweight must be

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				weight is either outside the range or greater than 2499.		reported that falls within the MIN/MAX birthweight range for the specified low birthweight diagnosis. If multiple low birthweight diagnosis codes are reported, all diagnosis (PR/OT) codes must pass the edit.
19	Resolved	6/11/2020	BK/ABK, BF/ABF, BN/ABN	N0003 – An injury diagnosis code was submitted. A cause of injury diagnosis code is required but not present.	Edit in place where the record contains either a primary diagnosis code (BK/ABK) or a secondary diagnosis code (BF/ABF) , which is an injury code requiring a Cause of Injury, for the existence of a cause of injury diagnosis codes (BN/ABN) in the record. The logic of the edit currently is not able to check the reported cause of injury diagnosis against the code set of valid cause of injury codes, when provided.	Edit has been corrected so that the reported cause of injury diagnosis is properly located.
20	Resolved	5/14/2020		<p>H54276 For this Type of Bill, ICD-9 diagnosis codes cannot be used for Statement From Dates after 9/30/2015. Please refer to the UB04 manual.</p> <p>H54279 For this Type of Bill, ICD-9 procedure codes cannot be used for Statement Through Dates after 9/30/2015. Please refer to the UB04 manual.</p> <p>H54282 For this Type of Bill, ICD-9 diagnosis codes cannot be used for</p>	All functioning as designed.	<p>These edits will be replaced by:</p> <p>P2242062 SPARCS: Claims with ICD9 codes with a statement-through date on or after 10/1/2015 shall be rejected.</p>

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				Statement Through Dates after 9/30/2015. Please refer to the UB04 manual.		
21	Resolved	5/14/2020		<p>H54278 For this Type of Bill, ICD-10 diagnosis codes cannot be used for Statement From Dates before 10/1/2015. Please refer to the UB04 manual.</p> <p>H54280 For this Type of Bill, ICD-10 procedure codes cannot be used for Statement Through Dates before 10/1/2015. Please refer to the UB04 manual.</p> <p>H54281 For this Type of Bill, ICD-10 diagnosis codes cannot be used for Statement Through Dates before 10/1/2015. Please refer to the UB04 manual.</p>	All functioning as designed.	<p>These edits will be replaced by:</p> <p>P2242069 SPARCS: Claims with ICD10 Codes with a Discharge Date or Statement Through Date before 10/1/2015 will be rejected.</p>
22	Resolved	7/7/2020		P2242069 SPARCS: Claims with ICD10 Codes with a Discharge Date or Statement Through Date before 10/1/2015 will be rejected.	Primary Procedure codes are not properly evaluated.	Edits H54278, H54280, and H54281 were replaced with edit P2242069. This edit prohibits the use of ICD10 codes on records with a Discharge or Statement Thru Date prior to Oct. 1, 2015.

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23	Known Issue	To be resolved in upcoming release.	BK/ABK, BF/ABF, BN/ABN	N0003 – An injury diagnosis code was submitted. A cause of injury diagnosis code is required but not present.	The code set used to identify initial injury codes requiring a cause of injury was corrupted by the addition of non-initial codes. These code sets are being cleansed, tested and loaded into production.	Edit will check initial injury codes for requirement that the record also contains a cause of injury against an accurate set of codes.
24	Known Issue	To be resolved in upcoming release.	BK/ABK, BF/ABF, BN/ABN	<p>H51081 - Principal Procedure Code. Updated HIPAA edit which validates Principal Procedure Codes against the Date of Service.</p> <p>H54250 - Procedure Code. Updated HIPAA edit which validates Procedure Codes against the Date of Service.</p> <p>H54260 - Updated HIPAA edit (H54260) only allowing Value Codes A1, A2, B1, B2, B7, C1, C2, C7, or D4 to be sent on paper claims.</p>	The HIPAA edit requires updating with recently released Procedure and Value codes	Updating HIPAA edits with new codes; Principal Procedure, Other Procedure, and Value Codes so the edits perform.

Version History:

Date	Author	Version	Change Reference
April 18, 2019	DOH SPARCS APD	1.0	Initial publication; 3 new issues
May 30, 2019	DOH SPARCS APD	1.1	2 new issues
September 5, 2019	DOH SPARCS APD	1.2	3 new issues
September 19, 2019	DOH SPARCS APD	1.3	1 new issue
November 5, 2019	DOH SPARCS APD	2.0	3 new issues; 8 revisions
December 10, 2019	DOH SPARCS APD	2.1	No new issues; 3 resolved
March 12, 2020	DOH SPARCS APD	2.2	4 new issues; 4 resolved
April 9, 2020	DOH SPARCS APD	2.3	1 new issue, 1 revision, 2 resolved
May 14, 2020	DOH SPARCS APD	2.4	3 new issues, 2 resolved
August 14, 2020	DOH SPARCS APD	2.5	2 new issues, 1 resolved