Agenda

• Updates

• Implementation Guide Rules

• Edits
  • Data Elements with Significant Changes between Current and Future Edits

• Questions
Implementation Guide Rules

- Enforce X12 syntax
  - Loops and segments are structured properly and in the right order
  - All required data elements are present
  - Applicable situational rules are enforced
  - Implementation Guide codes are valid

<table>
<thead>
<tr>
<th>CODE</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>Self-pay</td>
</tr>
<tr>
<td>11</td>
<td>Other Non-Federal Programs</td>
</tr>
<tr>
<td>12</td>
<td>Preferred Provider Organization (PPO)</td>
</tr>
</tbody>
</table>
Implementation Guide Rules

- “External Code Set” Validation. For example:
  - CPT/HCPCS Codes
  - ICD Codes
  - NUBC/UB-04 Codes
  - State Codes

- SPARCS currently restricts submission of valid codes (e.g., Facility Type Code). New implementation will allow submission of all valid values.
Gender Based Edits

- SPARCS will no longer enforce Gender Based Edits on Diagnosis or Procedure codes.

- SPARCS will be monitoring reporting of Gender/Diagnosis-Procedure Code mismatches through Quality Compliance.
EDITS

Determination of Inpatient or Outpatient Records

• SPARCS will no longer require that separate files be submitted for Inpatient and Outpatient records.

• SPARCS will accept single file submission containing Inpatient AND Outpatient records.

• Determination of record type will be based on the Facility Type Code (a.k.a Bill Type)

• Determination of claim type will continue to use current methodology.
Facility Code Edits

• SPARCS will no longer limit what it deems as valid Facility Type Codes.

• SPARCS will accept all Facility Type Codes listed by the National Uniform Billing Committee (NUBC) as valid.
Classification of Newborn

- The definition for the Newborn Flag will now follow the WHO/Medicaid definition:
  - Anyone with an age from 0 to 28 days old.

- When a patient has a Newborn Flag, the reported diagnosis and procedures must be valid for newborn.

- When a patient has both a Newborn Flag and Type of Admission equal to 4 (Newborn),
  - the Mother’s Medical Record Number must be reported
  - the Newborn Birth Weight (in grams) must be reported with a Value Code equal to 54.
Classification of Newborn; Con’t.

• SPARCS will no longer require a Length of Stay of 10 or more days when the patient has the following three conditions:
  • Newborn Flag
  • Birth Weight less than 1500 grams
  • Patient Status Code of ‘01’ (home)

• SPARCS will be monitoring the reporting of Low Birth Weight/Length of Stay mismatches through Quality Compliance.
Unique Personal ID Edits

• SPARCS will no longer collect the Unique Personal ID.

• SPARCS will be collecting:
  • Last Name
  • First Name
  • Social Security Number.

• SPARCS will be generating the Unique Personal ID based on this information.
Unique Personal ID Edits; con’t.

• In conferring with the Department of Health’s Legal staff, SPARCS does have the authority under HIPAA to collect this information:
  
  • Section 164.512 (b) (1) (i); Public Health Authority
  
  • Section 164.512 (d); Health Oversight Activities
EDITS

Admission Date/Hour Edits

• SPARCS will no longer require that the Statement From Date equal the Admission Date.

Charge Amount Edits

• SPARCS will now accept zero ($0.00) charge amounts.
Claim Note (NTE Segment) Edits

- SPARCS will be collecting a very limited number of data elements in the NTE segment.
- This will require a revised format of the NTE segment.
- SPARCS will provide all facilities of this format once it has been finalized.
EDITS

Claim Note (NTE Segment) Edits; con’t

• The following data elements will no longer be collected in the NTE segment:
  • Expected Principal Reimbursement
  • Expected Reimbursement, Other 1
  • Expected Reimbursement, Other 2
  • Method of Anesthesia
  • Exempt Unit Indicator
  • Procedure Time
Provider ID Edits

• SPARCS will now be collecting the National Provider ID (NPI).

• This replaces the State License Number. The State License Number will not be collected.
Provider ID Edits

- Other Provider Types that SPARCS will be collecting include:
  - Rendering
  - Referring
  - Service Line Level Providers

- If reporting a Provider ID (NPI), that Provider’s Last Name is required.
  - First Name and Middle Initial should be provided when available.
Address Field Edits

• State/Province Code follows standard Postal Codes.
  • No longer collecting ’99’ or ‘UK’.

• Zip Codes follow the standard Postal Codes
  • No longer collect ‘XXXXX’ or ‘YYYYY’.
Address Field Edits; con’t

- Patient County Code will follow standard codes.
  - No longer collecting ‘88’ or ‘99’.

- A homeless patient will only be identified by the condition code ‘17’.
  - No longer place the term ‘HOMELESS’ in either Address field.
Address Field Edits; con’t

• If a New York State zip code is reported, it must report a valid New York State County Code.
EDITS

Discharge Hour Edits

• Following standard rules; only required for Inpatient data.

Occurrence Span Code Edits

• SPARCS will now collect all X12/NUBC Occurrence Span Codes.

Occurrence Code Edits

• SPARCS will now collect all X12/NUBC Occurrence Codes.
Value Code Edits

• SPARCS will now collect all X12/NUBC Value Codes.

Condition Code Edits

• SPARCS will now collect all X12/NUBC Condition Codes.
EDITS

Payer ID Edits

• SPARCS will now follow only standard X12/NUBC edits.

Insurance Policy Edits

• SPARCS will now follow only standard X12/NUBC edits.
EDITS

Procedure Code Edits

- SPARCS will accept HCPCS/CPT modifiers 3 and 4.
- HCPCS procedure codes must be valid during the period between the Statement From and Thru dates.
QUESTIONS