# SPARCS Translation Project
# A Discussion on Edits

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# 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

| SITUATIONAL | SBR09 | 1032 | Claim Filing Indicator Code | O 1 | ID | 1/2 |
|---|---|---|---|---|---|---|
| | | | Code identifying type of claim | | | |

SITUATIONAL RULE: *Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.*

| CODE | DEFINITION |
|---|---|
| 09 | Self-pay |
| 11 | Other Non-Federal Programs |
| 12 | Preferred Provider Organization (PPO) |

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# 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.

# EDITS

## 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.**

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# 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.**

# EDITS

**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.**

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# EDITS

## 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.**

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# EDITS

## 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.**

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# EDITS

## 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.**

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# EDITS

**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.**

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# EDITS

**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.**

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# 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**

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# EDITS

## 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.**

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# EDITS

## 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.**

# EDITS

## 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'.**

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# EDITS

**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.**

# EDITS

## Address Field Edits; con't

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

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# EDITS

**<u>Discharge Hour Edits</u>**

- **Following standard rules; only required for Inpatient data.**

**<u>Occurrence Span Code Edits</u>**

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

**<u>Occurrence Code Edits</u>**

- **SPARCS will now collect all X12/NUBC Occurrence Codes.**

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# EDITS

## Value Code Edits

- **SPARCS will now collect all X12/NUBC Value Codes.**

## Condition Code Edits

- **SPARCS will now collect all X12/NUBC Condition Codes.**

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# 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.**

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# 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.**

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# QUESTIONS