



Bureau of TennCare Policy Manual

Revised 3/22/11

Policy No: BTC-Pol-Enc-200611-001	
Subject: Encounter Line Items Spanning More Than One Date of Service	
Approval: Encounter Data Policy Workgroup	Date: 11/07/2008

PURPOSE OF POLICY STATEMENT: To clarify TennCare's position regarding the submission of encounters for services that span more than one date of service.

POLICY:

1. Separate Line Items Required:

Encounters will be rejected if submitted with more than one detail line per date, per procedure/modifier combination, unless the line item contains data as shown in the policy exceptions.

Institutional Format

There must be a single line item date of service for every revenue code on outpatient bills and inpatient bills unless listed in the policy exceptions. When a service is rendered more than once during the billing period, repeat the revenue code and HCPCS code separately for each service date. The header from date must equal the earliest detail from date and the header to date must equal the latest detail to date.

Professional and Dental Format

Enter a separate date for each procedure/modifier, service, or supply. When "from" and "to" dates are shown for a series of identical services, enter the number of days or units that match the dates billed.

Exceptions:

- All revenue accommodation codes - 001X through 021X
- It is allowable for revenue code 450 to span 2 days
- DME Monthly Rentals with modifier RR (Rental)

- Procedures billed with modifier 25 (Significant, separately identifiable E&M service by the same physician on the same day of the procedure or other service.)

2. Span Dates:

Spanning more than one date of service is valid only if the number of units match the number of days billed.

Edifecs Edit E0040 – 837P DETAIL UNITS MUST BALANCE TO SERVICE DATES. If line item total days are not equal to line item total units, then the edit is set. Edit is limited to office visit and consultation procedure codes (99201 - 99499). Service Dates = 2400/DTP03[2400/DTP02=D8 or RD8], Units= 2400/SV104.

TennCare adopted the following Medicare definition of Span Dates as detailed in the Medicare Claims Processing Manual, Chapter 70 Splitting Claims.

“Expenses incurred in different calendar years cannot be processed as a single claim. A separate claim is required for the expenses incurred in each calendar year.”

Exceptions:

- All revenue accommodation codes - 001X through 021X
- It is allowable for revenue code 450 to span 2 days
- DME Monthly Rentals with modifier RR (Rental)
- Evaluation and Management (E/M) codes that are used to report additional units, i.e., 99355, 99357, 99359, 99467, and 99292 (refer to CPT Codebook, Evaluation and Management Services Guidelines)
- HCBS including Home Health Services are required to bill one line per date of service

PROCEDURES:

HIPAA Implementation Guide References:

Line Item Service Dates 837P, 837I, 837D - 2400/DTP03 (DTP01=472), (2400/DTP02=D8 or RD8)

Line Item Units 837P - 2400/SV104, 837I - 2400/SV205, 837D - 2400/SV306

Line Item Procedure Code 837P – 2400/SV101-2, 837D – 2400/SV301-2

Line Item Modifier 837P – 2400/SV101-3, 837I - 2400/SV202-3, 837D – 2400/SV301-3

Line Item Revenue Code 837I – 2400/SV201

Line Item HCPCS 837I – 2400/SV202-2

Examples of Correct Billing:

1. Professional and Dental Format

Line Number	From Date of Service	To Date Of Service	Units	Procedure Code	Modifier/ NDC	Explanation
001	01/01/2008	01/01/2008	1	90040		Procedure code billed once per date.
002	01/02/2008	01/02/2008	1	70021		The same date with a different procedure code.
*003	01/02/2008	01/02/2008	1	70021	26	The same date, same procedure code with a modifier.
**004	01/02/2008	01/03/2008	2	70022		The same procedure code with multiple dates/units.
005	01/02/2008	01/02/2008	30	J2920	00009011312	Multiple units are acceptable for drugs.

*Refer to the TennCare IS Policy “BTC-Pol-Enc-200608-009 - Definition of Duplicates” for detailed information on billing.

** The procedure, service or supply code must be identical for multiple units billed on the same line.

2. Institutional Format

Line Number	From Date of Service	To Date Of Service	Units	Revenue Code	Procedure Code	Explanation
001	01/01/2008	01/01/2008	1	0100		Revenue code billed once per date.
002	01/01/2008	01/01/2008	1	0300	35415	A combination of Revenue code and procedure code.
003	01/01/2008	01/01/2008	1	0300	86360	The same Revenue code with a different proc code.
004	01/02/2008	01/02/2008	1	0300	86360	The same Rev code and proc code for a different date.

DEFINITIONS:

Accommodation – A Revenue Code representing the Room and Board Charges only

CMS – Centers For Medicare and Medicaid Services

EDI – Electronic Data Interchange

Edifecs - XEngine application used for healthcare 837 transaction, data validation, routing, splitting and acknowledgement generation

HIPAA – Health Insurance Portability and Accountability Act

MCC – Managed Care Contractor

TCMIS – TennCare Management Information System

TennCare or TennCare Program – The program administered by the single state agency, as designated by the state and CMS, pursuant to Title XIX of the Social Security Act and the Section 1115 research and demonstration waiver granted to the State of Tennessee and any successor programs.

REFERENCE DOCUMENTS:

CMS Medicare Claims Processing Manuals guidelines:

Medicare Claims Processing Manual
 Chapter 25 - Completing and Processing the Form
 CMS-1450 (UB) Data Set
 FL 45 - Service Date

Medicare Claims Processing Manual
 Chapter 26 - Completing and Processing
 Form CMS-1500 Data Set

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Medicare Claims Processing Manual
Chapter 70 - Splitting Claims
Form CMS-1500 Data Set
70.8.1 – Splitting Claims for Processing

<http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage>

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division—to ensure that encounters are submitted to TennCare in the approved format
- Information Systems Management Contractor – to process encounters through the TCMIS system
- MCCs - to follow transaction requirements