



# Bureau of TennCare Policy Manual

**Revised - - 02/10/12**

<b>Policy No:</b> BTC-Pol-Enc-200611-001	
<b>Subject:</b> Encounter Line Items Spanning More Than One Date of Service	
<b>Approval:</b> Encounter Data Policy Workgroup	<b>Date:</b> 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.

#### 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.

The following Edifecs edits enforce the detail line requirements addressed above.

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.

Edifecs Edit E0140 - TennCare Requires Only One Date Allowed per Detail Service Line (DOS). When a claim/encounter is submitted there will be no spanning dates at the detail lines (2400/DTP03 where DTP01=472). Each detail line should only account for one day of service. There can be multiple detail lines with the same date of service with different procedure and revenue codes and in all cases units can be greater than one.

**Exceptions:**

- All revenue accommodation codes - 0100 through 0219, 1000-1005
- 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.

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
- 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 service837I Encounter Only
  1. TOB 89X Excluded (HCBS), 2300/CLM05-1 thru 3
  2. TOB 11x, 18x, 28x, 41x, 65x, 66x,
  3. revenue accommodation codes - 0100 through 0219 and 1000 through 1005, revenue Code 2400/SV201
  4. revenue code 450, 2400/SV201
  5. An ARC 107 billed at CAS Claim or CAS Service Line
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1. Any detail line with a modifier RR (DME Rentals modifier RR) 2400 SV101-4 thru 6
2. Evaluation and Management (E/M) proc codes range 99201 – 99499, 2400 SV101-2
3. An ARC 107 billed at CAS Claim or CAS Service Line

**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