CMS DATA MINI-SERIES

Session 4:

Measuring Veteran's Medicare Health Services - Part 2

July 11th, 2023

Hosted by VIReC

Kristin de Groot, MPH
Project Director, VA/CMS Data for Research Project
VA Information Resource Center

CMS DATA CYBERSEMINAR MINI-SERIES

Mini-Series about the research use of data from Centers for Medicare and Medicaid Services (CMS), which provides information on healthcare Veterans received outside the VA.

Sessions Cover...

- Overview of the Types of Data available from VIReC

- Methods for using the data in research

- Limitations of the data

- Requirements for access

- Examples of VA research that use these data

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UPCOMING CMS DATA SESSIONS

2nd Tuesday of the month (quarterly) 3:00pm-4:00pm ET

Date	Topic
10/10/23	Overview of CMS & USRDS data from VIReC
1/9/24	Using Medicaid Data in VA Research

Visit the
VIReC Cyberseminars
page for more
information & registration
links.

Visit HSR&D's VIReC
Cyberseminar Archive
page to watch previous
sessions.

Where can I download a copy of the slides?

Poll #1:

What is your primary role in projects using VA data?

- Investigator, PI, Co-I
- Statistician, methodologist, biostatistician
- Data manager, analyst, or programmer
- Project coordinator
- Other – please describe via the chat function
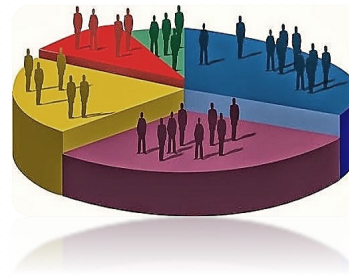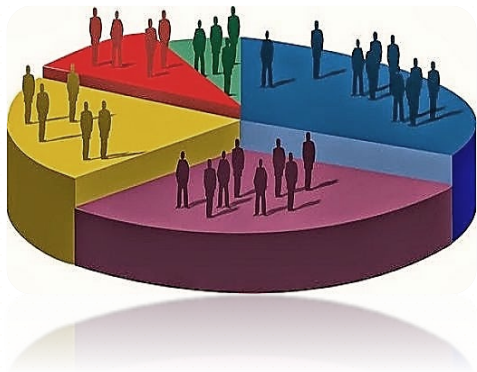
Poll #2:

How many years of experience working with VA data?

- None – I'm brand new to this!
- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more

Poll #3:

Rate your knowledge of Medicare data.

- None

- Little

- Some

- Moderate

- Expert

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Session roadmap

- Technical information about Medicare data in VA

- Medicare enrollment data

- Institutional claims

- Non-institutional claims

- Additional information

Pre-requisites

- **Parts/Options within Medicare**
  - A/B/D
  - FFS vs MA

- **Institutional and non-institutional providers**

- **Claims/billing data**

HSR&D Home » For_researchers » Cyber_seminars » Archives » Using Medicare Data in VA research: Part 1

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VIReC CMS Data Mini-Series

Using Medicare Data in VA research: Part 1

by Kristin de Groot, MPH
Seminar date: 4/11/2023

Description: This session will provide an overview of Medicare data available to VA researchers and describe how these data can be used to identify Veterans' use of health services paid by Medicare. Examples of VA research that utilize Medicare data will be presented. The target audience is investigators and data users that have not used Medicare data.

Objectives:
- To describe the Medicare program and the source of Medicare data.
- To identify Medicare data that can be used to assess Veterans' health services use in Medicare.
- To discuss strengths and limitations of using Medicare data

https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=6324&Seriesid=115

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What won't be covered?

- Costs, charges, payments

- Medicare Advantage encounters

- Part D events

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Session roadmap

- **Technical information about Medicare data in VA**

- Medicare enrollment data

- Institutional claims
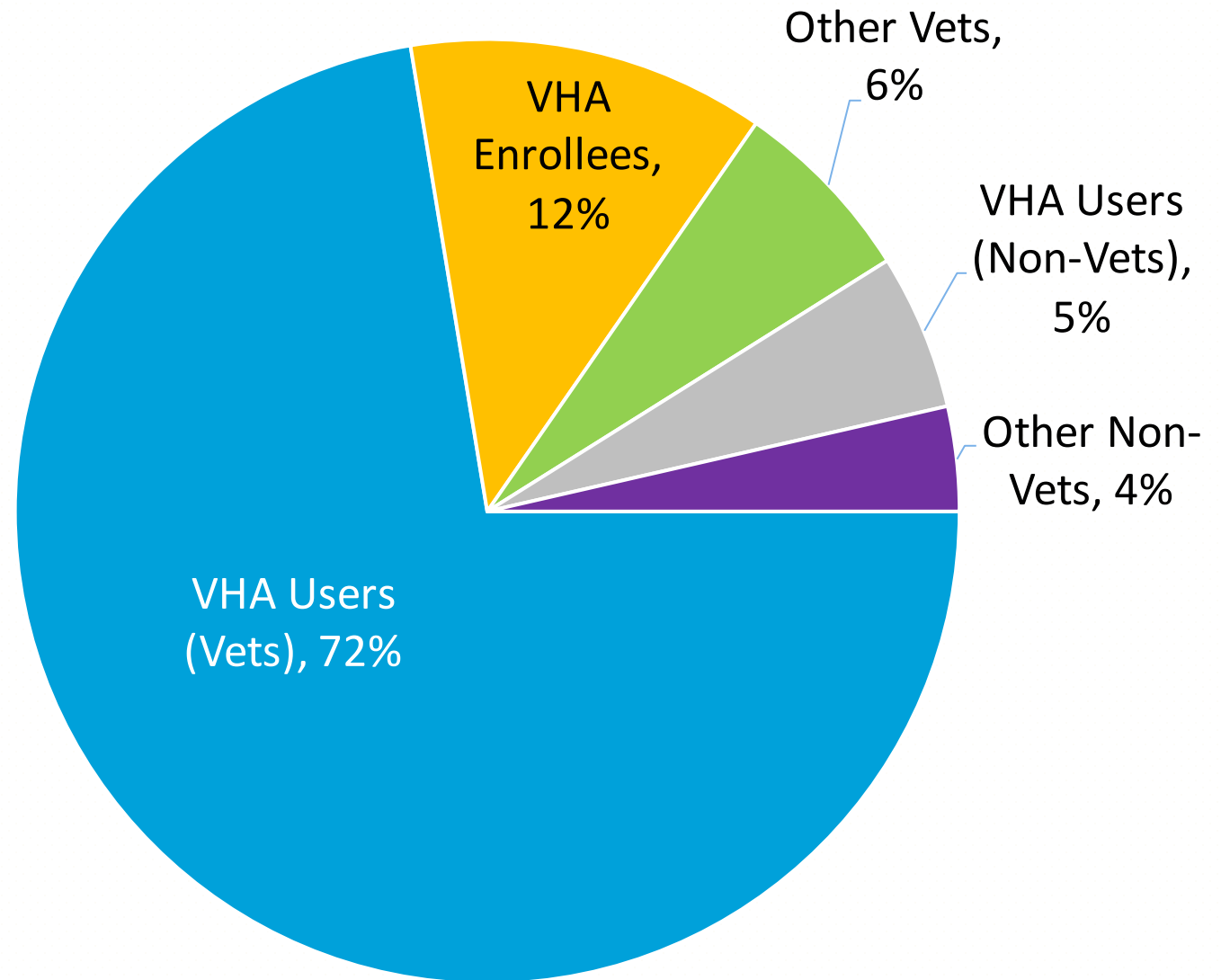
- Non-institutional claims

- Additional information

Medicare Data in the VHA

1. **Which Veterans are in the data?**

2. What identifier is on the data?

3. Timing and lag in data availability

4. After being approved, how to access the data?

VHA cohort (finder file)

- List of SSNs sent to CMS each year to obtain a new year of data

- Updated annually for over 20 years

- SSNs found in VHA enrollment & utilization files, VBA VETSNET
  - Some non-Veterans included

- Cumulative
  - Once in the file, never removed
  - Over 60% are deceased
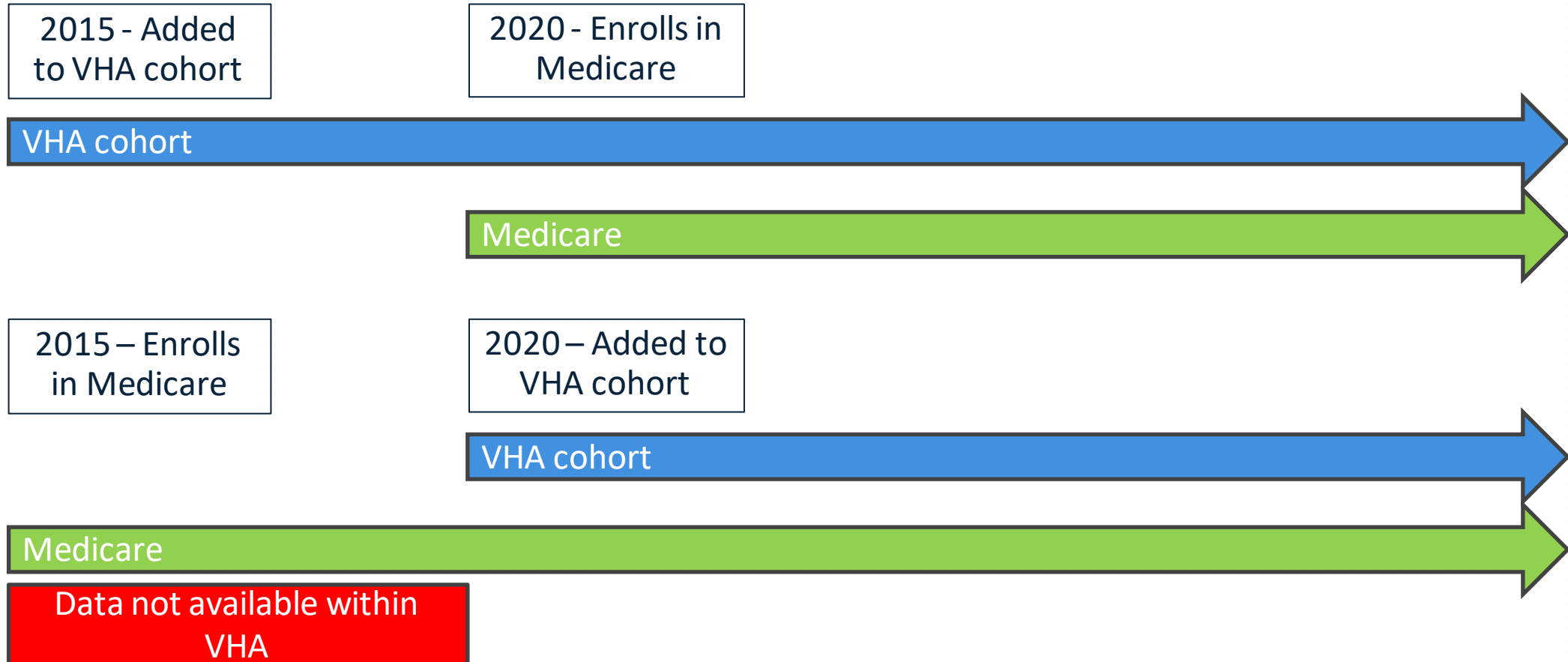
- Currently over 20 million SSNs

Who's included in the VHA cohort?

Other Vets, 6%

VHA Enrollees, 12%

VHA Users (Non-Vets), 5%

Other Non-Vets, 4%

VHA Users (Vets), 72%

VHA cohort indicator file

- Provided with each shipment of CMS data

- One record for each SSN in researcher's cohort

- FIRST_YR_VHA_COHORT
  - Missing/null
    - This person's SSN has never been sent to CMS
    - Rare; usually new VHA user or enrollee
  - 1999 to 2021
    - First year this person's SSN was sent to CMS
    - Indicates data availability

Data Availability Based on Inclusion in VHA Cohort

2015 - Added to VHA cohort

2020 - Enrolls in Medicare

VHA cohort

Medicare

2015 – Enrolls in Medicare

2020 – Added to VHA cohort

VHA cohort

Medicare

Data not available within VHA
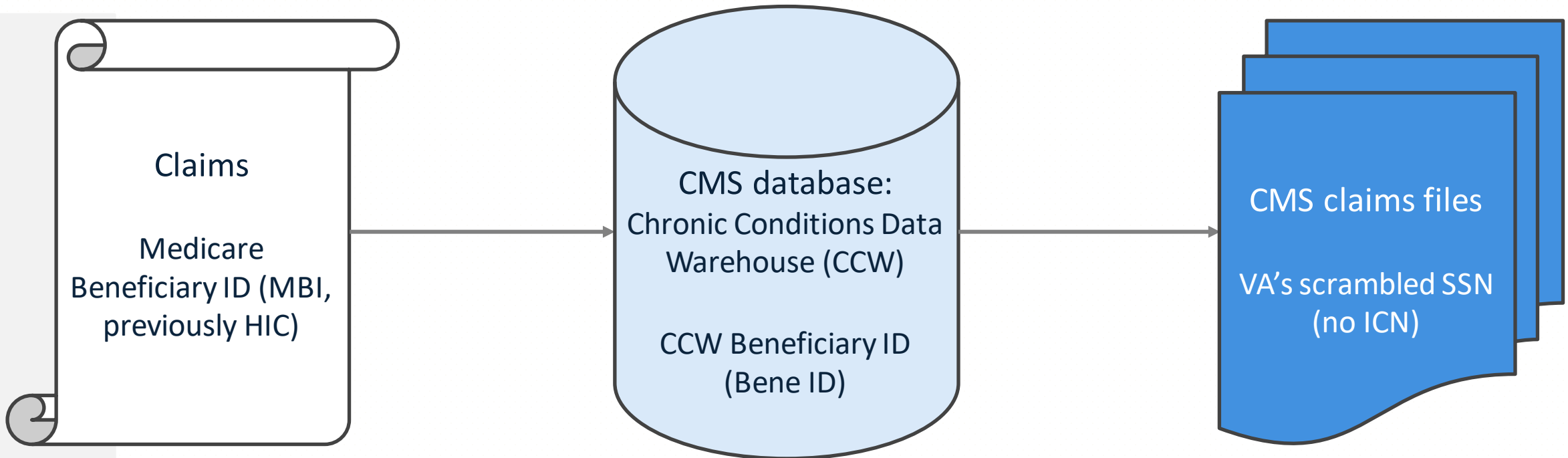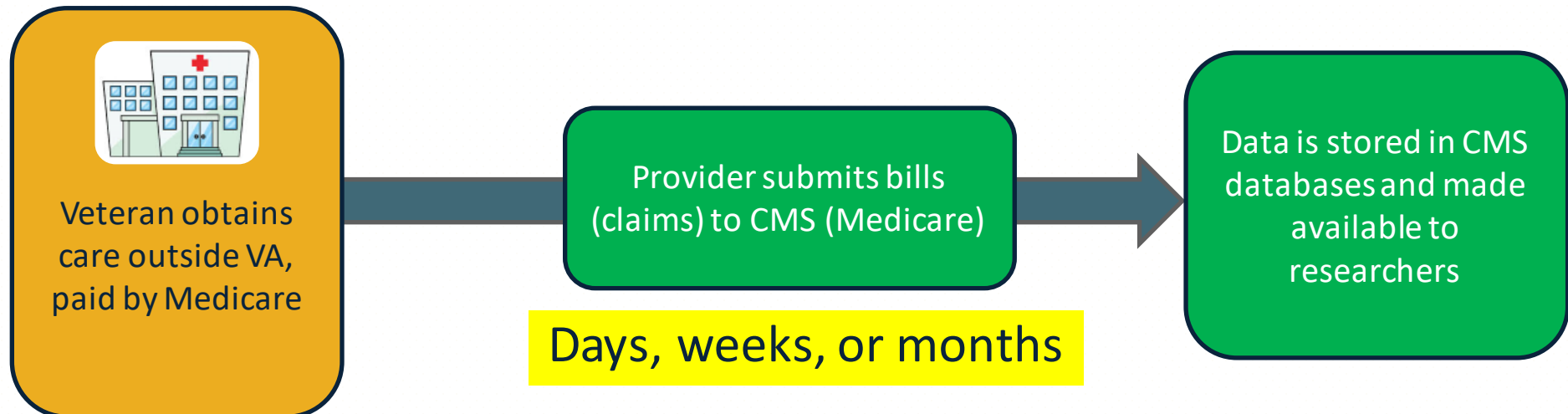
Medicare Data in the VHA

1. Which Veterans are in the data?

2. **What identifier is on the data?**

3. Timing and lag in data availability

4. After being approved, how to access the data?

Social Security Administration & Medicare

- **Part A**
  - No premium, if 10+ years of paying Medicare taxes
  - Tracked by SSA

- **Part B**
  - Premium required, varies based on income
  - Automatic dedication from SSA payments

- **Apply for Medicare on SSA website**

SSN in Medicare data is reliable

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Identifiers

Claims

Medicare Beneficiary ID (MBI, previously HIC)

CMS database:
Chronic Conditions Data Warehouse (CCW)

CCW Beneficiary ID (Bene ID)

CMS claims files

VA's scrambled SSN (no ICN)

Why not ICN?
- Some people don't have an ICN assigned
- Occasionally 1 ICN ≠ 1 SSN
- Handling future ICN-SSN changes

Data Quality Review - Patient Identifiers in CDW (2018)
https://vaww.vhadataportal.med.va.gov/Portals/0/DataQualityProgram/Reports/Patient_Identifiers_in_CDW.pdf

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Medicare Data in the VHA

1. Which Veterans are in the data?

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3. **Timing and lag in data availability**

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Timing of EHR vs. Claims

VA Data Flow

Veteran obtains care at the VA

Provider enters data into EHR

~1 day

Data is stored in VA databases and made available to researchers

Medicare FFS Data Flow

Veteran obtains care outside VA, paid by Medicare

Provider submits bills (claims) to CMS (Medicare)

Days, weeks, or months

Data is stored in CMS databases and made available to researchers

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Timing

- CMS data is provided by calendar years (CY), not fiscal years (FY)

- Each CY file is separate
  - New variables are often added at new CY
  - Newly identified veterans added each CY

- Most files released annually, some quarterly

Annual vs Quarterly data

Annual/Final	Quarterly/Preliminary

■ Types of data
  – Enrollment & FFS claims
  – MBSF annual summary files, MedPAR, Part D, et al.
 	
■ Uses that year's VHA cohort file
  – 21 VHA cohort → 21 Medicare data
 	
■ Gold standard for research
  – "Mature" data
	■ Types of data
	  – Enrollment & FFS claims
	
	■ Uses previous year's VHA cohort file
	  – 21 VHA cohort → 22Q Medicare data
	
	■ Will be replaced with annual data
	  – Less mature data

Claims Maturity

- Completeness – the percent of claims that have been submitted, compared to the total number that will eventually be submitted
  - Most are submitted to CMS within days of the service, but some are weeks or months later

- Finality – the percent of claims that are final (i.e., no revisions will be submitted to CMS)

Run out time:
Time allowed for claims to mature

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Quarterly Medicare data with 3 month run-out

3 month run out

| Individuals obtain healthcare services |

| Providers submit claims for reimbursement |

CMS data processing

VA data processing

January, February, March

April, May, June

July

August

2023-Q1

2023-Q2

1 month

<1 month

Example: CY2023-Q1 claims data will be available to VA users in August 2023
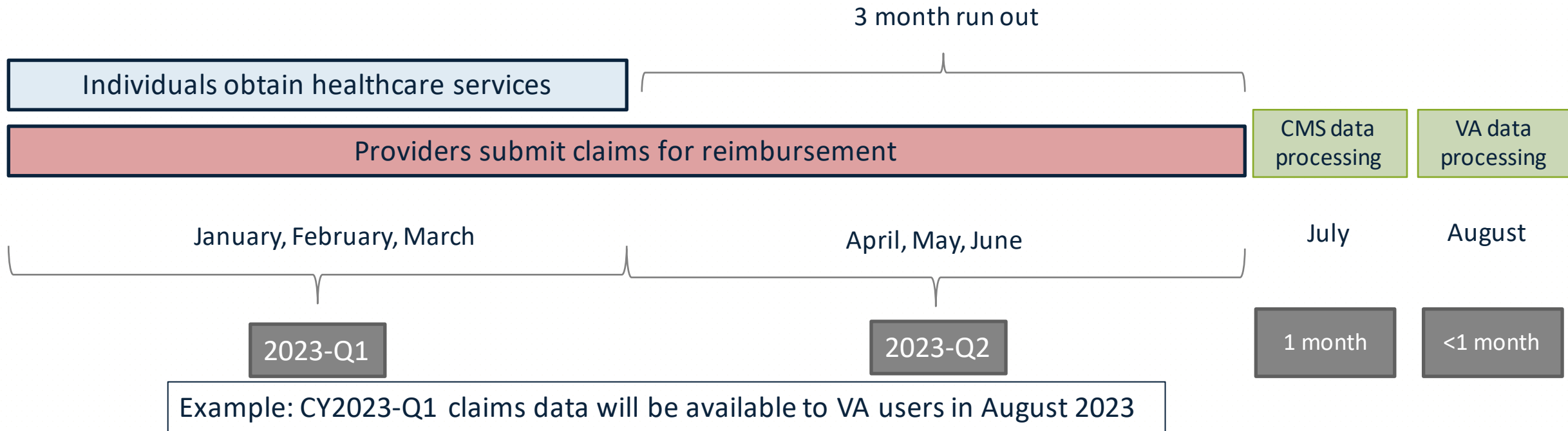
- Approximately 93% of claims are submitted within 3 months of end of quarter
- Variations due to
  - Type of claim (Inpatient is most mature; Home Health is least mature)
  - Time within quarter (1st week of quarter is more mature than last week of quarter)

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Annual Medicare data with 12 month run-out

12 month run out

Individuals obtain healthcare services

Providers submit claims for reimbursement

CMS data processing

VA data processing

Jan-Feb

Mar-Apr

CY 2022

CY 2023

1-2 months

1-2 months

Example: CY2022 annual claims data will be available to VA users in Spring 2024
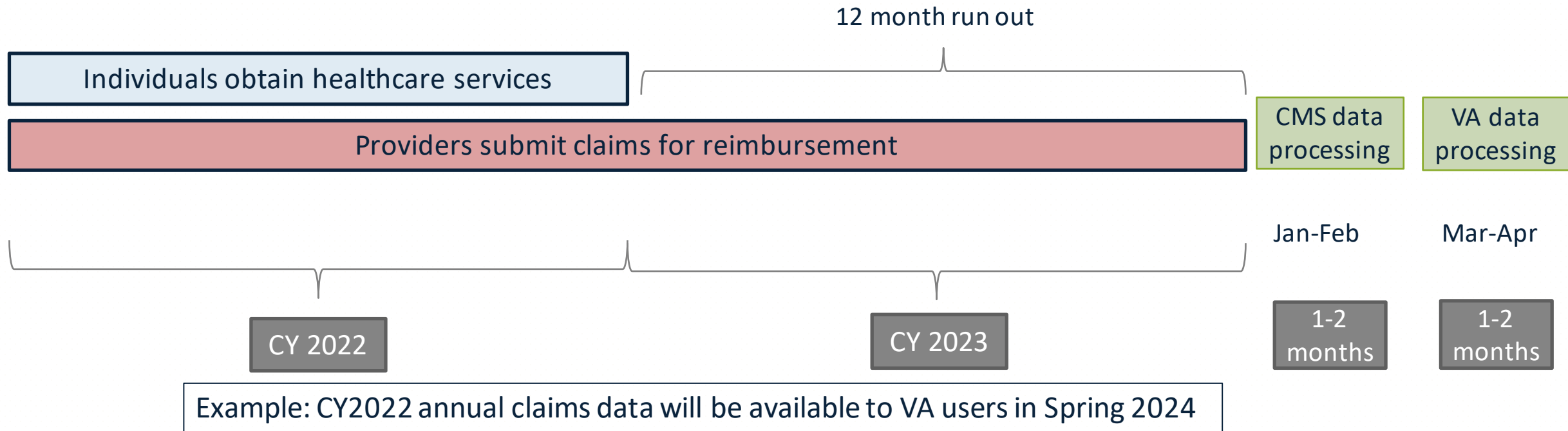
- Over 99.9% of claims are submitted within 12 months of end of CY

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Data Availability

2022 Q4 Medicare
2021 Medicare (annual)

2023 Q2 Medicare

2023 Q4 Medicare
2022 Medicare (annual)

Current

Fall 2023

Spring 2024

Summer 2023

Winter 2023

2023 Q1 Medicare

2023 Q3 Medicare

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Medicare Data in the VHA

1. Which Veterans are in the data?

2. What identifier is on the data?

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4. **After being approved, how to access the data?**

SAS views

- ▪ Since 2016, CMS data provided as SAS views on VINCI SAS Grid
  - – Exclusively since 2020

- ▪ Minimizes storage space

- ▪ Allows for easy data updates
  - – Sometimes updates require views to be recreated

- ▪ SAS views can be used like SAS datasets

- ▪ Best practice: Request approval for SAS Grid in DART
  - – Data Sources tab

Where can I find the data?

SAS Enterprise
Guide

Servers
↓
SASApp
↓
Libraries

Libraries with CMS data

- Each shipment is a separate library

- Libname = ship###

> ORD_Souden_201701038D: SIC schema
> 🔒 ORD_Tseng_201512035D: CMS extracts for TSENG-02-A-959
> 🔒 ORD_Tseng_201512035D: CMS extracts for TSENG-02-B-1058

proc contents data=ship1058._ALL_; run;

SAS views

> 🔒 ORD_Tseng_201512035D: CMS extracts for TSENG-02-A-959
> 🔒 ORD_Tseng_201512035D: CMS extracts for TSENG-02-B-1058
  > CA14_BASE_SHIP1058
  > CA14_LINE_SHIP1058
  > CA15_BASE_SHIP1058
  > CA15_LINE_SHIP1058
  > DM14_BASE_SHIP1058
  > DM14_LINE_SHIP1058
  > DM15_BASE_SHIP1058
  > DM15_LINE_SHIP1058
  > ENRL_PTA_DEC16_SHIP1058
  > ENRL_PTB_DEC16_SHIP1058
  > GHO_DEC16_SHIP1058
  > HH14_BASE_SHIP1058

ita=ship1058.ca14_base_ship1058; run;

Session roadmap

- Technical information about Medicare data in VA

- **Medicare enrollment data**

- Institutional claims

- Non-institutional claims

- Additional information

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Annual enrollment
file: MBSF base

Medicare
Enrollment
Database
(EDB)

EDB extracts:
Cumulative, point in
time snapshots

2018 MBSF

2019 MBSF

2020 MBSF

2021 MBSF

Vital Status
Part A/B entitlement
Group Health Org
Primary Payer
Incarceration History
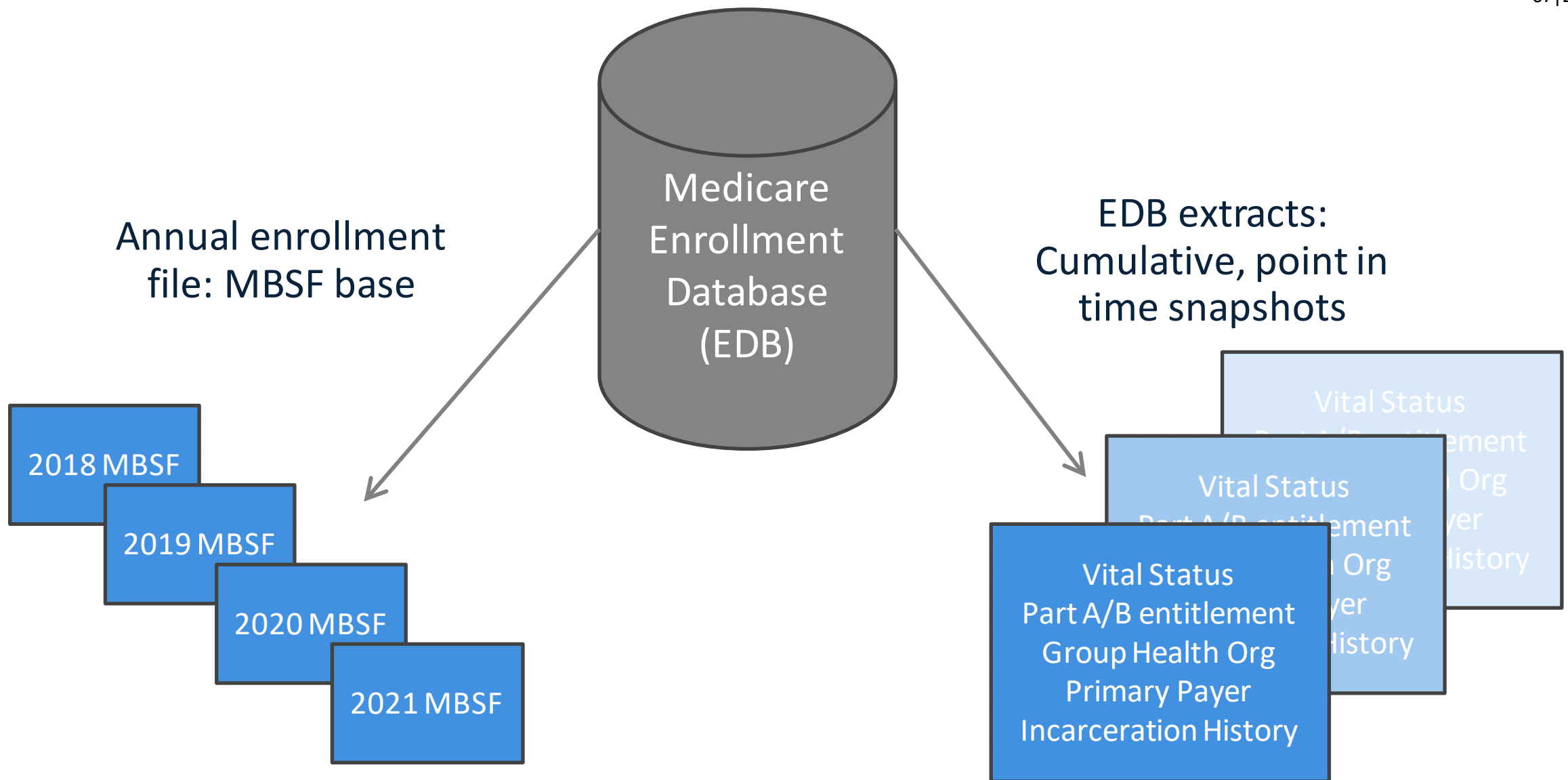
MBSF = Master Beneficiary Summary File

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Comparison

MBSF: Base	EDB extracts
Calendar year, annual files – Only people enrolled that CY – Need to combine multiple years' files **Created/frozen at end of CY** – Good for replicability **Somewhat delayed** – 2021 annual; 2022 quarterly	**Cumulative & historic** – Ever enrolled in Medicare – Single file for all years **Ever changing** – Errors corrected; some old info dropped **Most current** – April 2023

Types of information included in each

	MBSF: Base	EDB Extracts
Demographics	At end of CY	Vital Status: Most recent
Parts A & B enrollment	X	Part A/B Entitlement & Enrollment History
HMO/MA/GHO enrollment	X	Group Health Organization
Part D enrollment	X	
Medicaid dual eligible & state buy-in	X	
Primary payers		Primary Payer
Change in coverage due to incarceration		Incarceration History
… and much more	X	

Determining Medicare Enrollment

- Part A and/or Part B?

- FFS or MA enrollment?

- Part D? What type of plan?

- Was the state's Medicaid program paying the Part B premium?
  - aka "state buy-in"

Example: Enrollment using monthly variables
Month 01 = January

ID	BUYIN01	HMOIND 01	PTC_CNTRCT_ ID_01	PTDCNTRCT01	Summary
1	1	0	.	N	Part A FFS only
2	3	0	.	S9876	Part A & B FFS with Part D
3	C	C	H1234	H1234	MA with Part D, with state buy-in

Common values for BUYIN

0 = Not entitled

1 = Part A only

3 = Part A & B

C = Part A & B, state buy-in

Common values for HMOIND

0 = Not in GHO

C = Lock-in, GHO to process all provider claims

GHO = Group health organization aka Medicare Advantage (MA) plan

Common values for PTDCNTRCT

H* = HMO/Managed care

S* = Stand-alone prescription drug plan (PDP)

N = Not Part D Enrolled

0 = Not Medicare enrolled

Example: Enrollment using annual summary variables

ID	A_MO_CNT	B_MO_CNT	HMO_MO	PTD_MO	BUYIN_MO	Summary
1	12	0	0	0	0	Part A FFS only (No MA, no Part D)
2	12	12	0	12	0	Part A & B FFS with Part D
3	12	12	12	12	12	MA with Part D, with state buy-in
4	6	0	0	0	0	Partial year of coverage – new enrollee or decedent
5	12	12	0	12	3	State buy-in status changed mid year
6	12	12	9	12	12	Changed FFS-MA mid year

- Changes during open enrollment take effect in January (usually)
- Enrollment changes mid-year only due to special enrollment period (qualifying event)

Example: Enrollment using EDB extract files

Part A entitlement

ID	PTABEG	PTAEND
1	3/1/2015	12/31/2020
2	7/1/1991	8/31/1997
2	5/1/2005	.
3	10/1/2010	.

Part B entitlement

ID	PTBBEG	PTBEND
2	7/1/1991	8/31/1997
2	5/1/2005	.
3	1/1/2012	.

Group Health Organization (MA)

ID	GHOBEG	GHOEND	GHOCNT
2	5/1/2005	12/31/2005	H1111
3	1/1/2012	12/31/2014	H2222
3	1/1/2015	.	H1234

- Medicare enrollment always starts/end on the first/last day of the month
- First date of Medicare enrollment in MBSF starting in 2011
- GHO (MA) contract number in MBSF starting in 2016
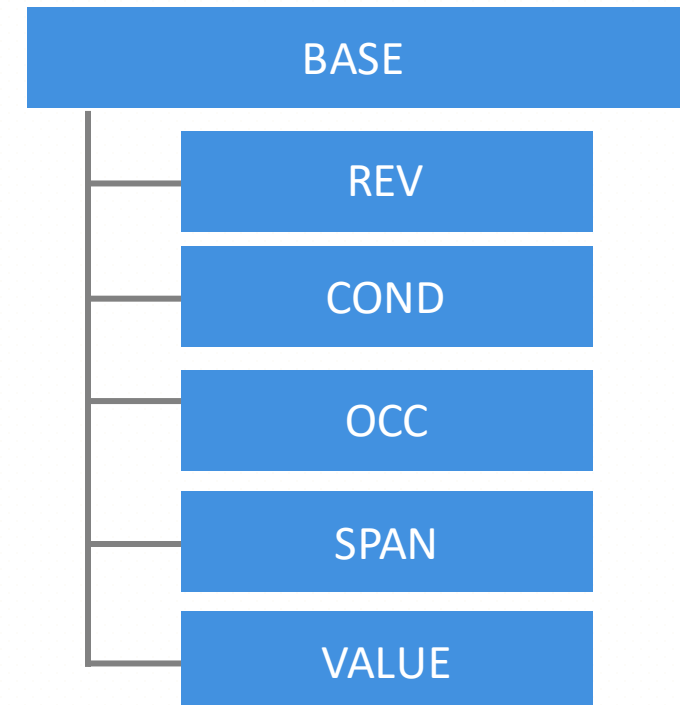
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Session roadmap

- Technical information about Medicare data in VA

- Medicare enrollment data

- **Institutional claims**

- Non-institutional claims

- Additional information

Form to Data: Institutional Providers

Institutional providers

- Hospitals (IP/OP)
- Skilled Nursing Facilities
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics
- Dialysis centers
- Home Health Agencies
- Hospices

Form CMS 1450

aka UB-04

BASE

REV

COND

OCC

SPAN

VALUE

Form CMS 1450

aka UB-04

Form CMS 1450/UB-04 (top)

Type of Bill (TOB)= FAC_TYPE + TYPESRVC

TOB determines dataset

Inpatient
- 011 Hospital Inpatient (Part A)

Skilled Nursing Facility
- 018 Hospital Swing Bed
- 021 SNF Inpatient

Home Health Agency
- 032 Home Health
- 033 Home Health

Hospice
- 081 Non-hospital based hospice
- 082 Hospital based hospice

Outpatient
- 013 Hospital Outpatient
- 014 Hospital Part B
- 071 Rural Health Clinic
- 085 Critical Access Hospital
- ### Everything else
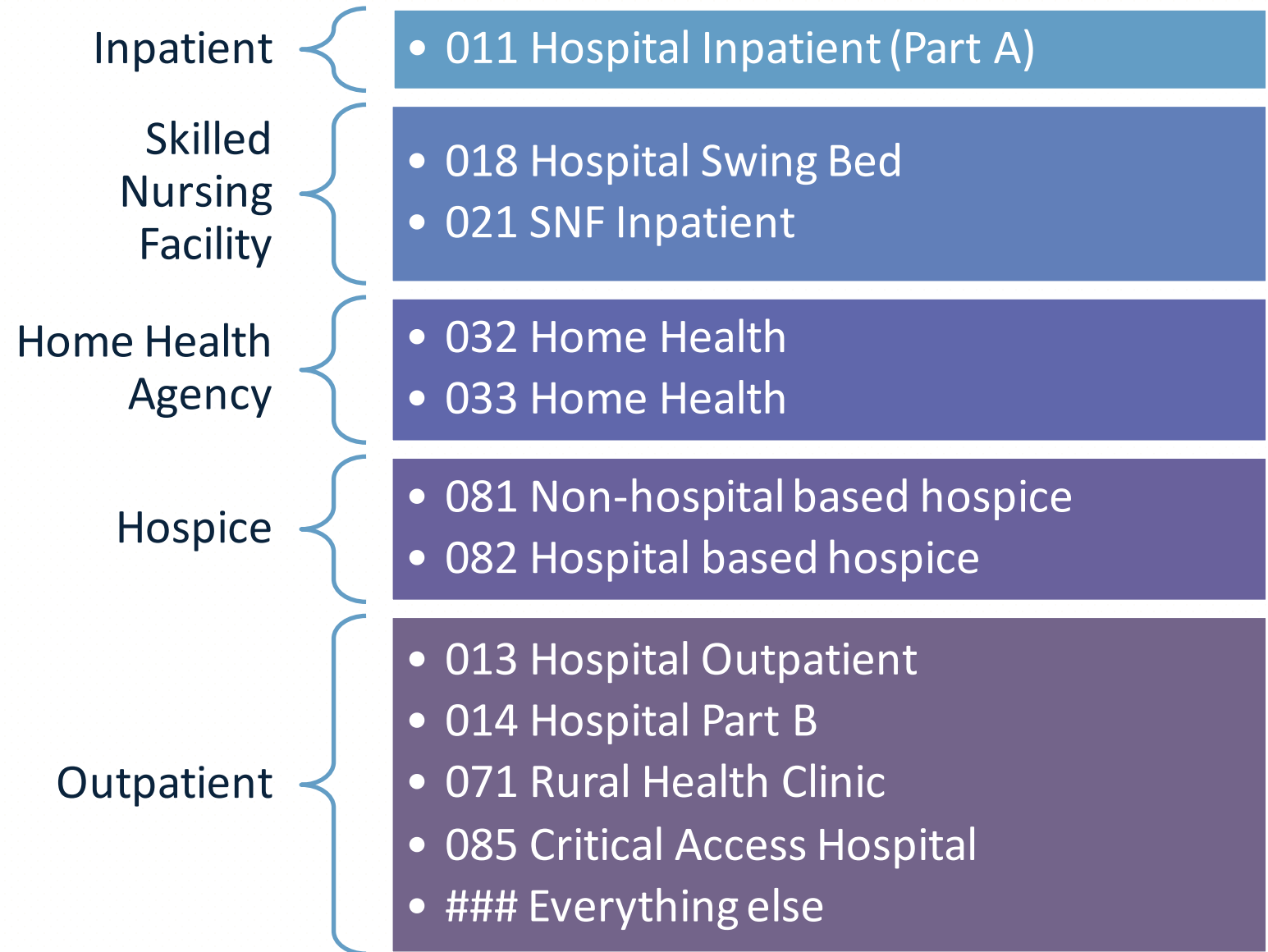
Form CMS 1450/UB-04 (bottom)

Form CMS 1450/UB-04 – middle (revenue centers)

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49

REV CD
~~Description~~
HCPCS/RATE/HIPSS Code
Service date
Service unit
Total charges
Non covered charges

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Institutional Dataset Structure

- **BASE - general or summary claim information, diagnosis codes, and ICD procedure codes/dates**
  - 1 BASE record per claim

- **REV - Revenue Center**
  - Often multiple REV records per claim (average=8)
  - Details about services or procedures (CPT/HCPCS)

- **4 code files**
  - Condition codes (COND)
  - Occurrence codes (OCR)
  - Span occurrence codes (SPAN)
  - Value codes (VALUE)

BASE
REV
COND
OCC
SPAN
VALUE
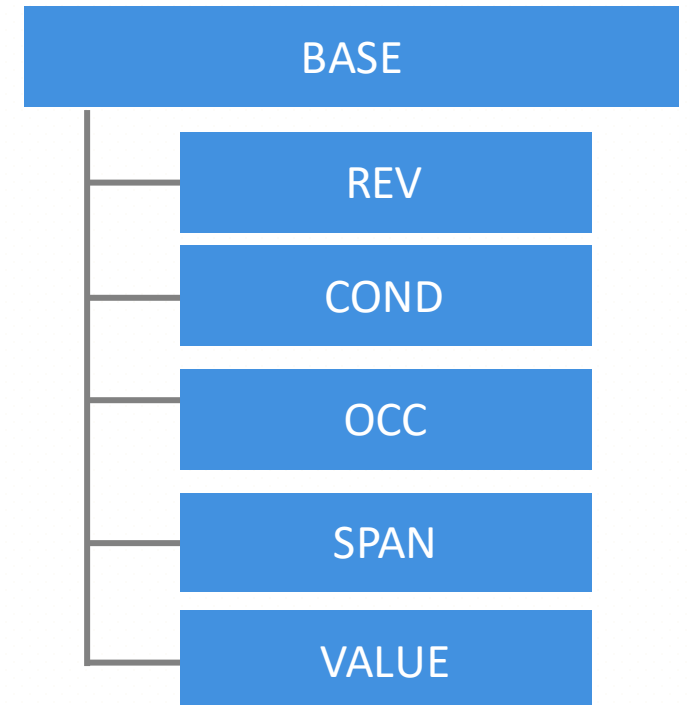
All files linked using CLM_ID

Commonly used variables: BASE

- FROM_DT & THRU_DT

- ADMSN_DT & DSCHRG_DT (IP/SN only)

- PROVIDER – billing provider (facility/agency), uses CMS Certification Number (CCN)

- AT_NPI, OP_NPI, OT_NPI – attending/operating/other physicians' NPI

- SRC_ADM - Admission source (IP/SN only)

- STUS_CD or PTNTSTUS - Discharge status/destination

Commonly used variables: BASE (continued)

- Diagnosis codes (ICD-9 or ICD-10) – up to 25 in recent years

- Procedure codes (ICD-9 or ICD-10) & dates - up to 25 in recent years
  - Used in IP claims
  - Rare in SN/OP claims
  - Not found in HH/HS

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Commonly used variables: REV

- CLM_ID – to link to BASE file

- REV_CNTR – Cost centers of a facility
  - Emergency room, laboratory, pharmacy, semi-private room, skilled nursing, physical therapy, radiology

- REV_DT

- REV_UNIT – number of days, units of drug, number of times procedure was performed
  - Most commonly = 1

- HCPCS_CD – CPT and alpha-numeric Medicare created codes
  - Used in OP/HH/HS, sometimes SN, very rare IP

What does a claim represent?

1 claim = multiple visits

1 claim = 1 visit
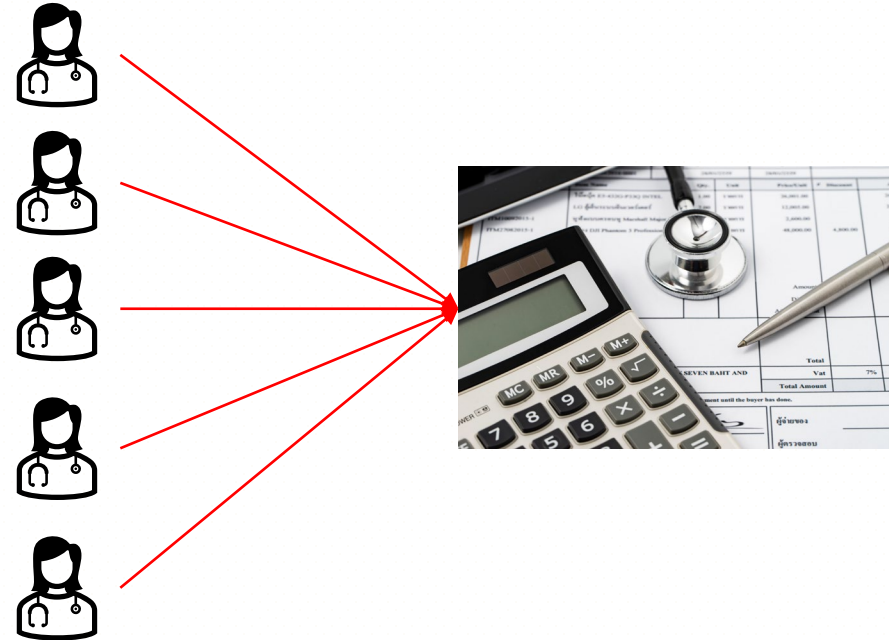
Multiple claims = 1 visit

1 claim = multiple visits

Single claim is used for multiple encounters with

- same provider
- same purpose
- short time period

Examples
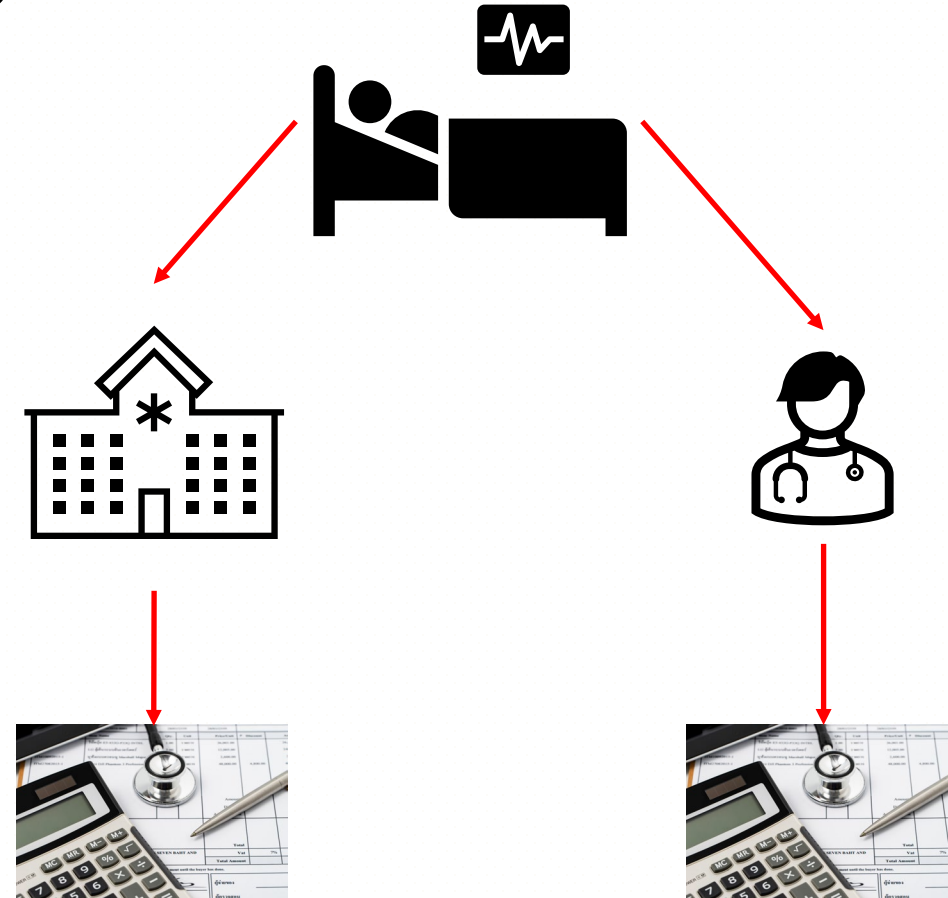
- Physical therapy
- Dialysis
- Home healthcare

Multiple claims = 1 visits
Facility & physician bill separately

Common in

- Emergency room

- Inpatient hospital

- LTC facility

Example: Inpatient

IP_BASE file

SCR SSN	CLM _ID	FROM _DT	THRU_ DT	ADMSN _DT	DSCHR G_DT	PROVIDER	AT_NPI	DRG_ CD	ICD_PRCRD _CD01	ICD_PRC DR_DT01	ADMTG_ DGNS_CD	ICD_DGN S_CD01
123	987	4/1/19	4/3/19	4/1/19	4/3/19	440099	123456789	673	04VA3DZ	4/2/19	R58	I7773

IP_REV file

SCRSSN	CLM_ID	CLM_LN	REV_CNTR	REV_UNIT	HCPCS_CD
123	987	1	0200 - Intensive care	2	-
123	987	2	0250 - Pharmacy	3225	-
123	987	3	0260 - IV therapy	1	-
123	987	4	0300 - Laboratory	63	-
123	987	5	0320 - Radiology diagnostic	5	-
123	987	6	0352 - CT scan-body scan	1	-
123	987	7	0369 - Operating room services	2	-
123	987	8	0420 - Physical therapy	8	-
123	987	9	0450 - Emergency room	2	-
123	987	10	0001 - Total charges		

Example: Outpatient (single day)

OP_BASE file

SCRSSN	CLM_ID	FROM_DT	THRU_DT	PROVIDER	AT_NPI	ICD_PRCRD _CD01	ICD_PRCDR _DT01	ICD_DGNS _CD01
123	654	4/5/19	4/5/19	440099	123456789			H3581

OP_REV file

SCRSSN	CLM_ID	CLM_LN	REV_DT	REV_CNTR	REV_UNIT	HCPCS_CD
123	654	1	4/5/19	0361 - Operating room services- minor surgery	1	67028
123	654	2	4/5/19	0510 - Clinic	1	92134
123	654	3	4/5/19	0636 - Drugs requiring specific identification	2	J0178
123	654	4		0001 - Total charges		

Example: Outpatient (multiple days)

OP_BASE file

SCRSSN	CLM_ID	FROM_DT	THRU_DT	PROVIDER	AT_NPI	ICD_PRCRD_CD01	ICD_PRCDR_DT01	ICD_DGNS_CD01
123	321	5/1/19	5/30/19	442769	123456789			N186

OP_REV file

74 records

SCRSSN	CLM_ID	CLM_LN	REV_DT	REV_CNTR	REV_UNIT	HCPCS_CD
123	321	1	5/2/19	0821 - Hemodialysis	1	90999
123	321	2	5/2/19	0250 - Pharmacy	1	-
123	321	3	5/5/19	0270 - Medical/surgical supplies	1	A4657
123	321	4	5/5/19	0250 - Pharmacy	1	-
123	321	5	5/5/19	0636 - Drugs requiring identification	200	J0887
123	321	6	5/5/19	0821 - Hemodialysis	1	90999
…	…	…	…	…	…	…
123	321	74		0001 - Total charges		

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Examples of institutional code values

Condition Code (No date)

- Patient is employed
- Semi-private room not available

Occurrence Codes (Single date)

- Date of onset of symptoms
- Date of accident

Span Occurrence Codes (2 dates)

- Prior hospitalization dates

Value Codes (Amount or Value)

- Drug deductible
- Physical therapy visits

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Demo file

- Claim/Service is provided as part of Medicare demonstration project
  - https://innovation.cms.gov/innovation-models

- All claims (institutional & non-institutional)
  - Link to BASE file using CLM_ID

- Small number of beneficiaries/claims are part of demo

Session roadmap

- Technical information about Medicare data in VA

- Medicare enrollment data

- Institutional claims

- **Non-institutional claims**

- Additional information

Form to Data: Non-Institutional Providers

Non-Institutional providers

- Physicians and other individuals
- Physician groups/clinics
- Ambulance companies
- Independent laboratories
- Medical supply companies

CMS 1500 Form

BASE

LINE

VIReC
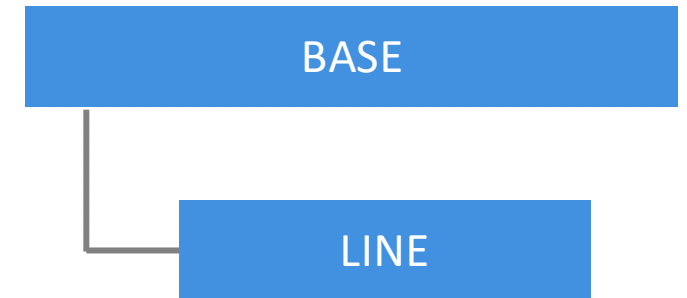
2 datasets from CMS 1500 form

- **DME**
  - Durable Medical Equipment
  - Prosthetics/Orthotics
  - Supplies (diabetic testing, enteral/parenteral)
  - Oxygen, injectable drugs

- **Carrier – everything else, including**
  - Physicians and other individuals
  - Physician groups/clinics
  - Ambulance companies
  - Independent laboratories
  - Pharmacies (vaccine administration)

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CMS 1500 Form

Form CMS 1500 (middle)

Ordering/Referring Provider

ICD Diagnosis Codes

Line Items
- Dates of Service
- Place of Service
- CPT/HCPCS & modifiers
- Diagnosis code
- Charges
- Days/units
- Rendering Provider

Non-Institutional Dataset Structure

- **BASE - general or summary claim information and ICD diagnosis codes**
  - 1 BASE record per claim

- **LINE – Line Item dataset**
  - Details about services or procedures (CPT/HCPCS)
  - Often multiple LINE records per claim (average=2)

BASE

LINE

Files linked using CLM_ID

Commonly used variables: BASE

- FROM_DT & THRU_DT

- RFR_NPI – Referring/ordering provider NPI

- Claim diagnosis codes (ICD-9 or ICD-10) – up to 12 in recent years

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Commonly used variables: LINE

- CLM_ID – to link to BASE file

- EXPNSDT1-EXPNSDT2 - Expense dates

- HCPCS_CD

- BETOS – categories of HCPCS codes
  - https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/downloads/betosdesccodes.pdf

- PLCSRVC - Place of service code
  - https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

- PRF_NPI or SUP_NPI – Performing provider (CA) or Supplier (DME) NPI

- Line diagnosis code (will always be included as a claim/base diagnosis too)

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Provider Info

Base	Line
■ **Carrier – Referring NPI** – 20-30% missing; only required for some types of services – Often the same as performing NPI ■ **DME – Ordering NPI** – Always populated – Almost never the same as supplier NPI	■ **Carrier - Performing NPI** ■ **DME – Supplier NPI** ■ **Provider Tax ID Number (TIN)** – Group/practice – Linkable to Medicare Data on Provider Practice and Specialty (MD-PPAS) file

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Denied Claims

- Carrier and DME files contain some denied claims
  - 5% of CA claims
  - 10% of DME claims

- BASE file: PMTNDLCD (claim payment denial code) = 0

- More info
  - LINE files: PRCNGIND (line processing indicator code)

- Keep or drop??
  - Many probably do represent care/supplies received

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Carrier Example #1 – outpatient physician visit

BASE file

SCRSSN	CLM_ID	FROM_DT	THRU_DT	ICD_DGNS_CD1	RFR_NPI (Referring)
123	321	10/9/20	10/9/20	L2084	456456456

LINE file

SCRSSN	CLM_ID	LINE_ NUM	EXPNSDT1	PLCSRVC	BETOS	HCPCS_CD	SRVC_ CNT	LINE_DGNS _CD	PRF_NPI (Performing)
123	321	1	10/9/20	11 - Office	M1B – Office Visit, Established	99213	1	L2084	456456456
123	321	2	10/9/20	11 - Office	P6C – Minor Procedures (other)	96372	1	L298	456456456
123	321	3	10/9/20	11 - Office	O1E – other drugs	J0702	2	L298	456456456
123	321	4	10/9/20	11 - Office	O1E – other drugs	J3301	4	L298	456456456

Carrier Example #2 – Independent laboratory

BASE file

SCRSSN	CLM_ID	FROM_DT	THRU_DT	ICD_DGNS_CD1	RFR_NPI (Referring, 20% missing)
123	456	7/7/20	7/7/20	E7800	987654321

LINE file

SCRSSN	CLM_ID	LINE_NUM	EXPNSDT1	PLCSRVC	BETOS	HCPCS_CD	SRVC_CNT	LINE_DGNS_CD	PRF_NPI (Performing)
123	456	1	7/7/20	81 - Independent Laboratory	T1D - Lab test, blood counts	85025	1	E7800	321654987
123	456	2	7/7/20	81	T1B - Lab tests, automated profiles	80053	1	E7800	321654987
123	456	3	7/7/20	81	T1H - Lab tests, other	80061	1	E7800	321654987
123	456	4	7/7/20	81	T1H	83036	1	E119	321654987

Carrier Example #3 – in facility physician services

BASE file

SCRSSN	CLM_ID	FROM_DT	THRU_DT	ICD_DGNS_CD1	RFR_NPI (Referring)
123	987	5/8/20	5/10/20	R339	654321987

LINE file

SCRSSN	CLM_ID	LINE_NUM	EXPNSDT1	PLCSRVC	BETOS	HCPCS_CD	SRVC_CNT	LINE_DGNS_CD	PRF_NPI (Performing)
123	987	1	5/8/20	21 - Inpatient hospital	M2A - Hospital Visit, Initial	99223	1	R339	654321987
123	987	2	5/10/20	21 - Inpatient hospital	M2B - Hospital Visit, Subsequent	99232	1	R339	654321987

There may be a corresponding inpatient hospital claim

Trying to link institutional & non-institutional claims

✓

✓

Potential errors?

On admission/ discharge date

?

Outpatient (ER) Claim March 1	Inpatient Claim March 1 – March 10	Outpatient (ER) Claim March 1	Inpatient Claim March 1 – March 10	Inpatient Claim March 1 – March 5	No claim Another payer?
				Inpatient Claim March 5 – March 10	

Physician Claim
March 1
Place of Service:
Emergency Room

Physician Claim
March 1
Place of Service:
Inpatient Hospital

Physician Claim
March 1
Place of Service:
Emergency Room

Physician Claim
March 2
Place of Service:
Office

Physician Claim
March 5
Place of Service:
Inpatient Hospital

Physician Claim
March 1
Place of Service:
Emergency Room

Physician Claim
March 6
Place of Service:
Inpatient Hospital

Physician Claim
March 3
Place of Service:
Emergency Room

Physician Claim
March 6
Place of Service:
Nursing Facility

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Session roadmap

- Technical information about Medicare data in VA

- Medicare enrollment data

- Institutional claims

- Non-institutional claims

- **Additional information**

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VIReC's VA/CMS Data for Research Project is the data steward for CMS and USRDS data used for VA research.

- Distributing data from Centers for Medicare & Medicaid Services (CMS) to VA approved projects since 2003

- Providing assistance to VA research projects using CMS data

- No cost to VA researchers

https://vaww.virec.research.va.gov/Index-VACMS.htm
(VA intranet only)

- Field office of VHA's Chief Strategy Office

- Data steward for CMS (Medicare) data used for VHA operations
  - VHA Program Offices
  - Quality Improvement/Quality Assurance

- vaww.va.gov/medicareanalysis/ (VA intranet only)

Health Economics Resource Center (HERC)

- **VA Cost Data Sources**
  - Medicare/Medicaid

- **Measuring Costs**
  - VA vs. Non-VA Costs
  - Medicare payments

- https://vaww.herc.research.va.gov/ (VA intranet only)

HSRData Listserv

o Community knowledge sharing

o ~1,600 VA data users

o Researchers, operations, data stewards, managers

o Subscribe by visiting
https://vaww.virec.research.va.gov/Support/HSRData-L.htm (VA Intranet)

VIReC HelpDesk

o Individualized support

https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=KXMEN77LXK

Questions about Using VA Data?

Research Data Assistance Center (ResDAC)

Chronic Conditions Warehouse (CCW)

https://www.ccwdata.org/

Medicare Claims Processing Manual

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912

⊙ **Downloads**

Chapter 1 - General Billing Requirements

Chapter 1 Crosswalk

Chapter 2 - Admission and Registration Requirements

Chapter 2 Crosswalk

Chapter 3 - Inpatient Hospital Billing

Chapter 3 Crosswalk

Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

Chapter 4 Crosswalk

Chapter 5 - Part B Outpatient Rehabilitation and CORF/OPT Services

Chapter 5 Crosswalk

Chapter 6 - Inpatient Part A Billing and SNF Consolidated Billing

Chapter 6 Crosswalk

Chapter 7 - SNF Part B Billing (Including Inpatient Part B and Outpatient Fee Schedule)

Chapter 7 Crosswalk

Chapter 8 - Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims

Chapter 8 Crosswalk

Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers

Chapter 9 Crosswalk

Chapter 10 - Home Health Agency Billing

CMS Guidance for Completing Claims Forms

- Institutional Claims Manual (1450/UB-04 Form) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf

- Non-Institutional Claims Manual (1500 Form) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf

FL 12 - Admission/Start of Care Date

Required For Inpatient and Home Health. The hospital enters the date the patient was admitted for inpatient care (MMDDYY). The HHA enters the same date of admission that was submitted on the RAP for the episode.

FL 13 - Admission Hour

Not Required. If submitted, the data will be ignored.

FL 14 - Priority (Type) of Admission or Visit

Required.

Codes used for Medicare claims are available from Medicare contractors. Codes are also available from the NUBC (www.nubc.org) via the NUBC's Official UB-04 Data Specifications Manual.

FL 15 - Point of Origin for Admission or Visit

Required except for Bill Type 014X. The provider enters the code indicating the source of the referral for this admission or visit.

Codes used for Medicare claims are available from Medicare contractors. Codes are also available from the NUBC (www.nubc.org) via the NUBC's Official UB-04 Data Specifications Manual.

75.2 - Form Locators 16-30
(Rev. 1973, Issued: 05-21-10, Effective: 09-01-10, Implementation: 09-01-10)

FL 16 - Discharge Hour

Not Required.

FL 17 - Patient Discharge Status

Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's discharge status as of the "Through" date of the billing period (FL 6).

Codes used for Medicare claims are available from Medicare contractors. Codes are also available from the NUBC (www.nubc.org) via the NUBC's Official UB-04 Data

immediately by the 11 digit NDC code (e.g. N4999999999999). Report the NDC quantity in positions 17 through 24 of the same red shaded portion. The quantity is to be preceded by the appropriate qualifier: UN (units), F2 (international units), GR (gram) or ML (milliliter). There are six bytes available for quantity. If the quantity is less than six bytes, left justify and space-fill the remaining positions (e.g., UN2 or F2999999).

Item 24A - Enter a 6-digit or 8-digit (MMDDCCYY) date for each procedure, service, or supply. When "from" and "to" dates are shown for a series of identical services, enter the number of days or units in column G. This is a required field. Return as unprocessable if a date of service extends more than 1 day, and a valid "to" date is not present.

Item 24B - Enter the appropriate place of service code(s) from the list provided in section 10.5. Identify the setting, using a place of service code, for each item used or service performed. This is a required field.

NOTE: When a service is rendered to a patient who is a registered inpatient or an outpatient (off campus or on campus) of a hospital, use the inpatient hospital POS code 21, Off Campus-Outpatient Hospital POS code 19, or On Campus-Outpatient Hospital POS code 22, respectively, as discussed in section 10.5 of this chapter.

Item 24C - Medicare providers are not required to complete this item.

Item 24D - Enter the procedures, services, or supplies using the CMS Healthcare Common Procedure Coding System (HCPCS) code. When applicable, show HCPCS code modifiers with the HCPCS code. The CMS-1500 claim form has the capacity to capture up to four modifiers.

Enter the specific procedure code without a narrative description. However, when reporting an "unlisted procedure code" or a "not otherwise classified" (NOC) code, include a narrative description in item 19 if a coherent description can be given within the confines of that box. Otherwise, an attachment shall be submitted with the claim. This is a required field.

Return as unprocessable if an "unlisted procedure code" or a NOC code is indicated in item 24d, but an accompanying narrative is not present in item 19 or on an attachment.

Item 24E - This is a required field. Enter the diagnosis code reference number or letter (as appropriate, per form version) as shown in item 21 to relate the date of service and the procedures performed to the primary diagnosis. Enter only one reference number/letter

Thank you!
Questions?

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CONTACT INFORMATION

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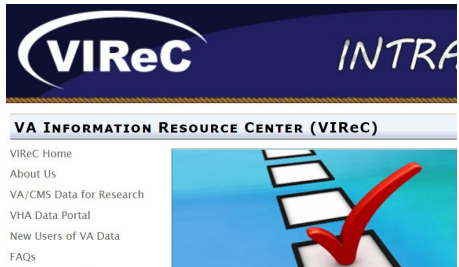VIReC

CMS DATA MINI-SERIES

Next session:

10/10/2023 @ 3pm EST
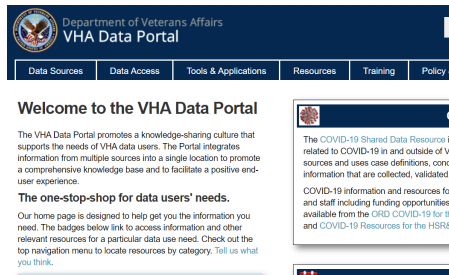
Overview of CMS & USRDS data from VIReC

VIReC

CMS Data Mini-series
BONUS SLIDES

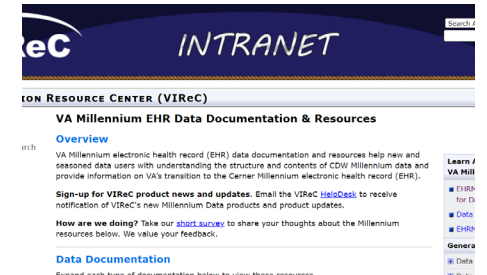# Resources for *VA Data Users*
Select image to visit page

VA Information Resource Center (VIReC) (VA Intranet)
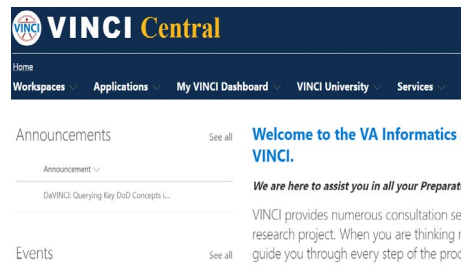
VHA Data Portal (VA Intranet)
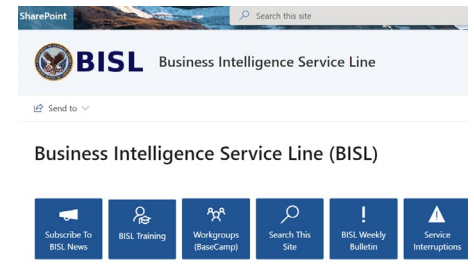
VIReC Cyberseminars

VA Millennium EHR Data Documentation (VA Intranet)

Quick Guide: Resources for Using VA Data (VA Intranet)

VA Informatics and Computing Infrastructure (VINCI) (VA Intranet)

BISL/CDW (VA Intranet)

Health Economics Resource Center (HERC) (VA Intranet)