

Montana Data Coordinator Manual
Update History Table

Date	Update Type	Page Numbers
06/13/11	<ul style="list-style-type: none"> • Verbiage updated for use of XX8 process to delete previously submitted records • Requirements for Operating Clinician updated to reflect surgical range by Revenue Codes • Loop designation updated for 1st Individual Payer ID in 837 5010 specs • Segment examples updated for POA & diagnosis fields in 837 5010 specs & Appendix • Segment example updated for qualifier on Other Clinician in 837 5010 specs & Appendix • Verbiage added noting CPTs/HPCs only to be reported in SV2 segment in 837 as of 4/01/11 cases • Entire Error Code Reference Sheet reformatted • New error message added to Error Code Reference Sheet • Glossary and Common Terminology reference sheets updated with current reference items • Errata designation updated to A2 in header example in 837 5010 Appendix • DTP typo correct in outpatient record description in 837 5010 Appendix 	<ul style="list-style-type: none"> • 27, 59, 91 • 74, 103 • 89 • 97, 98, 100, 233, 235, 239 • 103, 240 • 105 • 133-148 • 144 • 215-218 • 232 • 237
02/25/11	<ul style="list-style-type: none"> • Updated outpatient category ranges by revenue codes • Flat File Format: Former outpatient procedure fields 1-25 replaced with filler fields per new reporting requirements <ul style="list-style-type: none"> ✓ Elements #s 22, 23, 25-34, 135-172 now filler ✓ Send CPTs/HPCs only in Service Line Items = element #s 204-246 ✓ (Note: 837 format was already updated for this change in last manual release) 	<ul style="list-style-type: none"> • 9-10 • 61, 63, 73, 74

	<ul style="list-style-type: none"> • Error Code Reference Sheet Updated <ul style="list-style-type: none"> ✓ New error message verbiage added ✓ Existing error verbiage updated ✓ Element #s and Segment #s updated to match new numbering in specs • IP DSVR updated with new formatting and explanation • HAC column removed from AdHoc Report info • 837 5010 Appendix: removed HI*BP segment from outpatient record example, as is no longer allowed on 5010 	<ul style="list-style-type: none"> • 133-148 • 149, 151 • 210-211 • 237
10/15/10	<ul style="list-style-type: none"> • Late Load processing information updated • File specs updated to reflect the following changes: <ul style="list-style-type: none"> ✓ Bill Types 430/830/850 added ✓ MT CHIP payer renamed to Healthy MT Kids Silver ✓ Payer codes 98935 & 98945 added ✓ Principal Dx cannot be repeated in Other Dx fields ✓ Point of Origin code 7 discontinued • 837 specs updated for new 5010 version <ul style="list-style-type: none"> ✓ Please pay special attention to the new Qualifiers for use with ICD-10 diagnoses ✓ Look for an upcoming webinar on the changes for the 837 5010 • System requirements & browser setting changes • Error Code Reference Sheet updated to reflect the following changes: <ul style="list-style-type: none"> ✓ Principal Dx cannot be repeated in Other Dx fields – new edit added ✓ Point of Origin edit verbiage changed ✓ Revenue Code error messages updated • Outpatient DSVR title updated • AdHoc System screen changes and explanations of flag abbreviations added • 837 5010 Appendix added 	<ul style="list-style-type: none"> • 6 • 24-54, 56-87, 92-110 • 92-110 • 111-115 • 137-150 • 154 • 210, 211, 213 • 233-243
04/12/10	<ul style="list-style-type: none"> • www.compdatainfo.com website summary added • Data Submission Highlights updated • File specs updated to reflect the following changes: 	<ul style="list-style-type: none"> • 5 • 12 • 24-57, 60-94, 98-117

	<ul style="list-style-type: none"> ✓ 110 Bill Type updated for NCCs ✓ Added non-covered charges to charge fields ✓ MLN #s referenced for NCCs and NEVs ✓ New Bill Types 121 & 130 added • COMPdata system requirements updated • Feedback report overview & resources page updated • Potential Duplicate Report added • Recap updated for NCCs and NEVs • IP DSVR updated for NCCs • DQSR charity and workers' comp. payer additions • AdHoc screen and report updates • 837 Appendix updated for non-covered charges 	<ul style="list-style-type: none"> • 122 • 137 • 135, 167-168 • 136-168 • 159-162 • 178-180, 185, 192-194 • 213-221 • 237
01/14/10	<ul style="list-style-type: none"> • Nationally deleted T-Codes and G-Codes removed from Outpatient Surgery (OS) range • Addition of mammogram services to Outpatient Imaging (IM) category • Conversion of www.compdata.org/three_links URL to simplified www.compdata.org URL • Specs updated to reflect that only NPIs are accepted as Clinician IDs • Feedback Report retrieval screen prints updated 	<ul style="list-style-type: none"> • 10 • 10 • 12, 14, 119, 121, 196, 197, 210 • 40, 41, 52, 75, 76, 84, 113 • 203-204
12/01/09	<ul style="list-style-type: none"> • T-Code Outpatient Surgery (OS) range changes • Separation of Imaging (IM) services into an individual outpatient category for submission and counting • New national Patient Discharge Status added • Facility NPI info updated in 837 segment specs and example • NPI Excel file upload option removed from EFT instructions • Newly updated Error Code Reference Sheet • Updates for DQSR and DSVR date selection functionality 	<ul style="list-style-type: none"> • 10 • 10-11 • 32, 66, 106 • 98 • 126, 127, 129, 131, 133 • 143-156 • 204-205
07/16/9	<ul style="list-style-type: none"> • Observation Care (OC) spec changes for 2009 • Update to Three Links URL 	<ul style="list-style-type: none"> • 9 • 14, 194, 195

	<ul style="list-style-type: none"> • Changes to system selection screens • Updates to Payer ID coding options in format specs • Updates to 837 segment examples in format specs • Clarification regarding POA coding options for 837 format • Updates to COMPdata software installation instructions • Additional information regarding special character use in file names • Newly updated Error Code Reference Sheet • Section added regarding new AdHoc Report functions • New 837 Appendix added 	<ul style="list-style-type: none"> • 15, 20, 196, 205 • 24, 25, 60, 61, 99 • 98-117 • 108 • 119-123 • 127 • 143-154 • 207-216 • 220-230
02/12/09	<ul style="list-style-type: none"> • Purpose section moved • XX8 process clarified • Data submission highlights section updated and moved • New online count entry section • County code clarification • Outpatient service line item and revenue code clarification • 837 element separator information • Clinician mismatch verbiage removed • Feedback report verbiage updates • NPI submission section removed • Feedback system screen changes 	<ul style="list-style-type: none"> • 5 • 6 • 12 • 13 – 21 • 57, 94 • 70, 89, 115 • 98 • 135, 136, 196, 204 • 141, 160 • 191+ • 194 - 203
10/02/08	<ul style="list-style-type: none"> • EFT site screen changes • New Late Load Policy 	<ul style="list-style-type: none"> • 115 - 123 • 6
07/09/08	<ul style="list-style-type: none"> • Edit Error Code Reference Sheet update 	<ul style="list-style-type: none"> • 135 - 143
01/08/08	<ul style="list-style-type: none"> • Admission Source national coding changes • Admission Type national title change • EFT submission section • Admission Type update to feedback reports • Admission Source update to feedback reports • NPI online submission section 	<ul style="list-style-type: none"> • 15 – 16, 37 - 38 • 16, 38 • 63 - 71 • 91 • 91 - 92 • 106 - 129