



# Bureau of TennCare

## IS Policy Manual

**Revised--02/26/07**

<b>Policy No:</b> BTC-Pol-Enc-200608-006	
<b>Subject:</b> Header versus Detail as a Data Source	
<b>Approval:</b> Encounter Policy Workgroup	<b>Date:</b> 3/15/2007

**PURPOSE:** To clarify TennCare's position regarding the submission of encounter data at the header and detail level.

**BACKGROUND INFORMATION:** The Bureau of TennCare is undergoing an initiative to review the submission of encounter data in order to improve the data integrity and to more accurately reflect claims adjudication and payments by the Managed Care Contractors (MCCs). The inconsistency in the presentation of payment information is causing inaccurate reporting of amounts paid by the MCCs.

### **TENNCARE POLICY:**

TennCare requires all payment information be presented at the detail level on encounters. This includes, but is not limited to, the billed amount, allowed amount, paid amount and service dates. Dates of service on detail line items are required on the 837I for outpatient claims. Service lines shall not be reported as denied if the service is included as part of a global payment, unless the line item was appropriately denied.

Additionally, the sum of each amount field on the detail records must equal the corresponding amount on the header. This includes all claim types. The payment for institutional inpatient (e.g. SNF, LTC, etc.) claims shall be reported with the appropriate accommodation revenue codes.

### **POLICY EXCEPTIONS:**

None

**REFERENCE DOCUMENTS:**

TennCare HIPAA EDI Companion Guides

**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