MLN Matters Number: MM3583	Related Change Request (CR) #: 3583
Related CR Release Date: December 3, 2004	Effective Date: January 1, 2005
Related CR Transmittal #: 387	Implementation Date: January 3, 2005

January 2005 Outpatient Prospective Payment System Code Editor (OPPS OCE) Specifications Version 6.0

Note: This article was updated on May 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All outpatient providers with the exception of hospitals not subject to the OPPS.

Provider Action Needed

Affected hospitals and providers should note that the related CR provides intermediaries with the January 2005 updates of the Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE).

Background

This article reflects specifications that were issued for the October 2004 revision of the OCE (Version 5.3), and all shaded material in the attachment to CR 2583 reflects changes incorporated into the January version of the revised OPPS OCE (Version 6.0). It contains detailed OCE instructions and specifications to be utilized under the OPPS for those providers paid under the OPPS.

Note: Discontinued HCPCS codes were retained in prior year's January OCE updates in order to facilitate the 90-day grace period that was allowed for such HCPCS codes. As mentioned in MLN Matters article MM3093, this 90-day grace period is being eliminated effective January 1, 2005. The MM3093 article may be viewed at: http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3093.pdf on the CMS website.

Summary of Modifications

The modifications of the OPPS OCE for the January 2005 release (V6.0) are summarized in the table below. Readers should also read through the specifications attached to CR 3583 and note the highlighted sections, which also indicate changes from the prior release of the OPPS OCE software.

Instructions for accessing the complete specifications are provided in the *Additional Information* section of this article. Note also that some of these modifications have an effective date earlier than January 1, 2005 and such dates are reflected in the "Effective Date" column.

Some OCE/APC modifications in the release may also be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

OPPS OCE Modifications

Mod. Type	Effective Date	Edit	
Logic	8/1/2000	27	Change disposition for edit 27 from claim rejection to **Claim Denial**
Logic	1/1/05		New packaging flag 4: "Packaged as part of drug administration APC payment." For all bill types where APCs are assigned, apply to excess drug administration APC units or occurrences when multiple occurrences are submitted without modifier – 59; or when more than the maximum allowed number of occurrences are submitted with modifier – 59. (See Appendix I.)
Logic	7/1/04	68	New edit 68 "Service submitted prior to date of National Coverage Determination (NCD) approval."
Logic	1/1/05	52	Replace procedure code Q0081 with 90780 in T procedure exemption for payable observation.
Logic	1/1/05	56 & 57	Remove requirement for Ancillary testing from payable observation logic.
Logic	10/1/03	23	For all bill types where edit 23 is applied, extend edit 23 to require line item date on all line items, not just on lines with HCPCS codes (HIPAA requirement).
Logic	10/1/04	69	New edit 69 "Service provided outside approval period" - **Line item rejection.** Make HCPCS/APC/SI and modifier changes, as specified by CMS.
Content		19, 20, 39, 40	Implement version **10.3** of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), MH (90804-90911), CAD (76082, 76083) or Drug Admin (96400-96450; 96542-96549; 90780,90781).
Content	1/1/05		Remove all HCPCS codes deleted 12/31/04 from the

Mod. Type	Effective Date	Edit	
			valid code list effective 1/1/05 (No grace period).
Content	8/1/00	16, 17	Remove all 'Add-on' codes from the Exclusive bilateral list that is used for the bilateral edits (16, 17).
Content		22	Add new modifiers to the valid modifiers list as indicated by CMS.
Doc		67	Change description for edit 67 to read "Service provided prior to FDA approval."
Doc		56, 57	Revise description for edits 56 and 57 to delete reference to ancillary procedures; descriptions to read "E/M condition not met and line item date ..."

Additional Information

For complete details, please see the official instruction issued to your intermediary regarding this change. That instruction may be viewed by going to http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R387CP.pdf on the CMS website.

If you have any questions, please contact your intermediary at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.