



Related Change Request (CR) #: 3743

MLN Matters Number: MM3743

Related CR Release Date: March 4, 2005

Related CR Transmittal #: 494

Effective Date: April 1, 2005

Implementation Date: April 4, 2005

Note: This article was updated on February 4, 2013, to reflect current Web addresses. All other information remains unchanged.

April 2005 Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) Specifications Version 6.1

Provider Types Affected

All providers billing outpatient services to Medicare Fiscal Intermediaries (FIs) that are paid under the Outpatient Prospective Payment System (OPPS)

Provider Action Needed

This instruction is based on information contained in Change Request (CR) 3743 which is to 1) inform FIs that the April 2005 OPPS OCE specifications have been updated with new additions, changes, and deletions, and 2) insure that FIs install the updated April 2005 OPPS OCE (Version 6.1) into their systems.

Background

Full details of Version 6.1 of the OPPS OCE are contained in CR3743 and will not be repeated in this article; especially since many of the details are not changing, and providers paid under the OPPS are likely familiar with these details. The modifications of the Outpatient Code Editor/Ambulatory Patient Classification (OCE/APC) for the April 2005 release (V6.1) are summarized in the following table:

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	Mod. Type	Effective Date	Edit	Description
1.	Logic	4/1/05	52	Modify observation criteria to look for required diagnoses only in the admitting or principal diagnosis fields.
2.	Logic			Apply selected OCE edits to bill type 43X (Religious non-medical health care institution) (see appendix F of the OCE specifications attached to CR3743).
3.	Logic	4/1/05	70	New edit 70 "CA modifier requires patient status code 20" – Return the claim to the provider (RTP). When a claim with modifier CA is submitted with inpatient-only procedure and patient status code is not 20, the claim will be returned to the provider.
4.	Logic	4/1/05	71	New edit 71 "Claim lacks required device code" – RTP When a claim is submitted with a specified procedure without a code for the required device for that procedure, the claim will be returned to the provider. Exceptions are made for procedures that are discontinued as reflected by the presence of a modifier 52, 73 or 74 on the claim.
5.	Logic		38	Modify criteria for edit 38 to require an implantation procedure on the same claim (instead of the same day), when a code with status indicator H is submitted
6.	Logic	1/1/05		Add new Status Indicator M – Service not billable to the F I – Payment Indicator 3
7.	Logic	1/1/05	72	New edit 72 "Service not billable to the Fiscal Intermediary" - RTP. Apply to codes with Status Indicator = M
8.	Data		69	Apply to specified G-codes if date of service is after 1/29/05
9.				Make HCPCS/APC/SI and modifier changes, as specified by CMS.
10.	Content		19,20, 39,40	Implement version 11.0 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)
11.	Content		41	Add new rev code 0024, SI = B if submitted without HCPCS
12.	Content	4/1/03	41	Add new rev code 0658; SI = B if submitted without HCPCS
13.	Content	7/1/01	41	Change SI for rev code 0273; SI = N if submitted without HCPCS
14.	Content		41	Remove erroneous codes 0091 and 3100 from list of valid revenue codes
15.	Content	4/1/04	41	Delete rev code 0184
16.	Content	10/1/03	41	Delete rev code 0909
17.	Content	1/1/05	22	Re-activate modifier 27
18.	Content	1/1/05	22	Re-activate modifier GX
19.	Content	4/1/05	71	Added new procedure/device code pairs for edit 71.

Note: You should also read through the specifications in the official instruction (CR 3743) issued to your intermediary, and note the highlighted sections which also indicate changes from the prior release of the software. Some OCE/ APC modifications in the release may also be retroactively added to prior releases. If so, the retroactive date appears in the "Effective Date" column in the above table.

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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/R494CP.pdf> on the CMS website.

Additional Information

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

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