



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html/NationalProvIdentStand/> on the CMS website.

MLN Matters Number: MM5065

Related Change Request (CR) #: 5065

Related CR Release Date: May 26, 2006

Effective Date: July 1, 2006

Related CR Transmittal #: R962CP

Implementation Date: July 3, 2006

**Note:** This article was updated on October 31, 2012, to reflect current Web addresses. All other information remains unchanged.

## July 2006 Outpatient Prospective Payment System Code Editor (OPPS OCE) Specifications Version 7.2

### Provider Types Affected

Providers billing Medicare fiscal intermediaries (FIs) and regional home health intermediaries (RHHIs) for services paid under the OPPS.

### Impact on Providers

This article is based on Change Request (CR) 5065, which informs your FI that the July 2006 Outpatient Prospective Payment System Outpatient Code Editor (OPPS OCE) specifications have been updated with new additions, deletions, and changes.

### Background

Change Request (CR) 5065 reflects specifications that were issued for the April, 2006 revision of the OPPS OCE (Version 7.1). All shaded material in Attachment A of CR5065 reflects changes that were incorporated into the July version of the revised OPPS OCE (Version 7.2).

CR5065 provides the revised OPPS OCE instructions and specifications that will be utilized under the OPPS for hospital outpatient departments, Community Mental Health Centers (CMHCs) and for limited services provided in a Home

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.

Health Agency (HHA) not under the Home Health Prospective Payment System (HH PPS) or to a hospice patient for the treatment of a non-terminal illness.

Attachment A of CR5065 contains specifications issued for the July 2006 OCE (Version 7.2), and all shaded material reflects changes from the prior release of which have been incorporated into the April 2006 version of the OPSS OCE (Version 7.1).

The modifications of the OPSS OCE for the July 2006 release (V7.2) are detailed in the tables within CR5065, and that CR is available at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R962CP.pdf> on the CMS website.

You should also read the specifications attached to CR5065 and note the highlighted sections, which indicate changes from the prior release of the OPSS OCE software.

Note also that some of these modifications have an effective date earlier than July 1, 2006, and such dates are reflected at the beginning of each table in CR5065.

The following is an excerpt of the table in CR5065 (Attachment A, Appendix L). It summarizes the key modifications of the OCE/APC for the July 2006 release (V7.2).

Some OCE/Ambulatory Patient Classification (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.

	Mod. Type	Effective Date	Description
	Logic	8/1/00	Modify the OCE program such that for codes with SI of V that are also on the Inherent Bilateral list, condition code 'G0' will take precedence over the bilateral edit to allow multiple medical visits on the same day (Appendix A, B).
	Logic	1/1/06	Modify appendices E & F to remove CORFs (bill type 75x) from OPSS vaccine payment.
	Logic	7/1/06	Modify appendix F to bypass edit 48 for rev codes 0524, 0525, 0527, 0528
	Logic	8/1/00	Modify appendix F to bypass edit 48 for rev codes 0521, 0522
4	Logic	1/1/06	Modify the OCE program to change the SI from 'C' to 'E' for code 43842 when submitted from 2/21/06 – 3/31/06 ... The SI will be changed in the OCE tables, effective 4/1/06.
5	Logic	1/1/06	Update appendix D to use the 'terminated procedure' discount formula (#3) for terminated non-type T procedures. (Note: The discount fraction (50%) is the same as formula #5, reimbursement calculation will yield the same outcome as terminated procedures always have units = 1.)
6	Content		Make HCPCS/APC/SI changes, as specified by CMS.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.

	Mod. Type	Effective Date	Description
7	Content	7/1/06	Implement version 12.1 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911) and the following Drug Administration code pairs: C8950-C8952, C8953-C8950, C8953-C8952, C8954-C8950. C8954-C8952, C8954-C8953.
8	Content	8/1/00	Reinstate Inherent Bilateral indicator in the OCE for codes 92002, 92004, 92012 and 92014.
9	Content	7/1/06	Add revenue codes 0524, 0525, 0527, 0528 to the list of valid revenue codes (recognized by Medicare)

## Additional Information

For complete details, please see the official instruction issued to your FI/RHHI regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R962CP.pdf> on the CMS website.

If you have any questions, please contact your FI/RHHI 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.

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.