



News Flash – 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/NationalProvdentStand/index.html> on the CMS website.

MLN Matters Number: MM5425 **Revised**

Related Change Request (CR) #: 5425

Related CR Release Date: January 12, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1155CP

Implementation Date: January 2, 2007

January 2007 Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) Specifications Version 8.0

Note: This article was updated on November 6, 2012, to reflect current Web addresses. This article was previously updated on August 24, 2012, to reflect current Web addresses. This article was also revised on January 16, 2007, to reflect changes made by CMS to CR5425. The CR release date, transmittal number, and Web address for accessing CR5425 were changed. In addition, references to Status Indicators H and K were deleted from the table on page 2. All other information remains the same.

Provider Types Affected

All providers billing outpatient services to Medicare Fiscal Intermediaries (FIs), including regional home health intermediaries (RHHIs) that are paid under the Outpatient Prospective Payment System (OPPS)

Provider Action Needed

This article is based on information contained in Change Request (CR) 5425 informs FIs that the April 2005 OPPS OCE specifications have been updated with new additions, changes, and deletions, and it instructs FIs to install the updated January 2007 OPPS OCE Specifications (Version 8.0) into their systems.

Background

Full details of Version 8.0 of the OPPS OCE are contained in CR5425 and will not be repeated in this article; especially since many of the details are not

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changing, and providers paid under the OPSS are likely to be familiar with these details. The modifications of the Outpatient Code Editor/Ambulatory Patient Classification (OCE/APC) for the January 2007 release (V8.0) are summarized in the following table:

	Mod Type	Effective Date	Edit	
1.	Logic	1/1/07		Add new payment adjustment flag (PAF) 7; assign to procedures subject to offset, when modifier FB is present. Reduce APC payment rate by offset amount before application of discounting logic
2.	Logic	1/1/07	75	New edit 75 – Incorrect billing of modifier FB (RTP) - If modifier FB is present and SI is not S, T, V or X
3.	Logic	1/1/07		Special packaged codes with SI = Q - Change SI and assign APC if no other code subject to APC payment is present on the same day - Change SI to N if another code that is subject to APC payment is present on the same day - Pay the highest APC if more than one special packaged code qualify for payment on the same day
4.	Logic	1/1/07		Add G0104, G0105, G0106, G0120, G0121 and G0389 to the 'Deductible Not Applicable' list.
5.	Logic	1/1/07		Deactivate special drug administration logic (appendix I) Deactivate packaging flag 4 (Packaged as part of drug administration APC payment)
6.	Logic	1/1/07	71	Expand edit 71 to trigger if some specified devices are present on a claim without the required procedure (reverse device edit).
7.	Logic	1/1/07	76	New edit 76 – Trauma response critical care code without revenue code 068x and CPT 99291 (LIR) - If the trauma response critical care code is present without revenue code 068x and CPT code 99291 on the same date of service (DOS).
8.	Logic	1/1/07	15	Assign unit of service = 1 for code G0390
9.	Logic	7/1/02		Remove bill type 74x from the box in appendix E that assigns only Payment Method Flags 1 & 2
10.	Logic	1/1/07		Update medical visit APC numbers in appendix H.
11.	Content			Make HCPCS/APC/SI changes, as specified by CMS.
12.	Content		19,20,39,40	Implement version 12.3 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 Admin code pairs: C8950-C8952, C8953-C8950, C8953-C8952, C8954-C8950, C8954-C8952, C8954-C8953. Change modifier indicator from 0 to 1, effective 4/1/06, for the following code pairs: G0245 – 97597

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	Mod Type	Effective Date	Edit	
				G0245 – 97598 G0246 – 97597 G0246 – 97598 G0247 – 97597 G0247 – 97598 67221 – C8950 67221 – 90760 67221 – 90765
13.	Content	1/1/06	22	Correct the effective date of new CPT modifiers (genetic testing category) added to global 'valid modifier' list.
14..	Content			Add and delete modifiers as specified by CMS and/or as found on the HCPCS master tape.
15.	Doc		71	Modify description for edit 71: Claim lacks required device or procedure code
16..	Doc		10	Modify description for edit 10: Service submitted for denial (condition code 21)
17..	Doc			UB-04 form locators for claim input values added to tables #1 and #2
18.	Doc			Appendix C – Revise text of PH payment APC assignment footnote to clarify that AT, OT and ET are not assigned to HCPCS APCs.

You should also read through the specifications in the official instruction (CR 5425) 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.

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/R1155CP.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.

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