

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 564

Department of Health
&
Human Services

Center for Medicare
and &
Medicaid Services

Date: MAY 20, 2005

Change Request
3867

SUBJECT: July Update to the Medicare Outpatient Code Editor (OCE) Version 20.3 for Bills From Hospitals That Are Not Paid Under The Outpatient Prospective Payment System (Non-OPPS)

I. SUMMARY OF CHANGES: This instruction is to inform the Fiscal Intermediaries (FIs) that the Non-OPPS Outpatient Code Editor (OCE) used to process claims from hospitals not paid under the Outpatient Prospective Payment System (OPPS) has been updated with new additions, deletions, and changes.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : July 1, 2005

IMPLEMENTATION DATE : July 5, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / Title
	NA

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

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SUBJECT: July Update to the Medicare Outpatient Code Editor (OCE) Version 20.3 for Bills From Hospitals That Are Not Paid Under The Outpatient Prospective Payment System (Non-OPPS).

I. GENERAL INFORMATION

A. Background: The Non-OPPS OCE has been updated with new additions, changes, and deletions to Healthcare Common Procedure Coding System/Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4) codes. This OCE is used to process bills from hospitals not paid under the OPSS.

B. Policy:

The following are changes made to Version 20.3 of the Non-OPPS OCE:

- Changes retroactive to **4/1/2004**:

1. The following code was **removed** the Non-Reportable list:

Code	Description
L0960	Post surgical support pads

- Changes retroactive to **1/1/2005**:

1. The following new HCPCS codes were **added** to the list of valid codes.

Code	Description
G0375	Smoke/Tobacco counseling 3-10
G0376	Smoke/Tobacco counseling >10

2. The following code was **added** to Non-Reportable list:

Code	Description
0065T	Ocular photoscreen bilat

3. The following code was **added** to the ASC list and Payment Group:

Code	Payment Group
66711	2

4. The following codes were **removed** from the Non-Reportable list:

Code	Description
E0950	Tray
E0951	Loop heel
E0952	Toe loop/holder, each
G0345	IV infuse hydration, initial
G0346	Each additional infuse hour
G0347	IV infusion therapy/diagnost

G0348	Each additional hr up to 8hr
G0349	Additional sequential infuse
G0350	Concurrent infusion
G0351	Therapeutic/diagnostic inje
G0353	IV push, single original drug
G0354	Each addition sequential IV
G0355	Chemo adminisrate subcut/IM
G0356	Hormonal anti-neoplastic
G0357	IV push single/initial subst
G0358	IV push each additional drug
G0359	Chemotherapy IV one hr initi
G0360	Each additional hr 1-8 hrs
G0361	Prolong chemo infuse>8hrs pu
G0362	Each add sequential infusion
G0363	Irrigate implanted venous de
G0368	EKG interpret & report preve
G0369	Pharm fee 1 st month transpla
G0370	Pharmacy fee oral cancer etc

- Changes retroactive to **4/1/2005**:

1. The following new HCPCS codes were **Added** to the list of valid codes:

Code	Description
K0730	Ctrl dose inh drug deliv sys
K0731	Lith ion batt cid, on body
K0732	Lith ion batt cid behind ear

2. The following code was **added** to the Non-Reportable list:

Code	Description
K0730	Ctrl dose inh drug deliv sys

- Changes effective **7/1/2005**:

1. The following new HCPCS codes were **added** to the list of valid codes:

Code	Description
C9129	Inj clofarabine
Q9958	HOCM <=149 mg/ml iodine, 1ml
Q9959	HOCM 150-199 mg/ml iodine, 1ml
Q9960	HOCM 200-249 mg/ml iodine, 1ml
Q9961	HOCM 250-299 mg/ml iodine, 1ml
Q9962	HOCM 300-349 mg/ml iodine, 1ml
Q9963	HOCM 350-399 mg/ml iodine, 1ml
Q9964	HOCM >= 400 mg/ml iodine, 1ml
S0118	Ziconotide intrathecal 1 mcg
S0133	Histerlin implant
S0145	Peg interferon alfa-2B/10
S0146	Peg interferon alfa-2B/10

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: OPPTS OCE/PRICER

D. Contractor Financial Reporting /Workload Impact:

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: July 1, 2005</p> <p>Implementation Date: July 5, 2005</p> <p>Pre-Implementation Contact(s): Diana Motsiopoulos at diana.motsiopoulos@cms.hhs.gov, or Antoinette Johnson at antoinette.johnson@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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