



# MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

MLN Matters Number: MM3395

Related Change Request (CR) #: 3395

Related CR Release Date: July 30, 2004

Effective Date: October 1, 2004

Related CR Transmittal #: R254CP

Implementation Date: October 4, 2004

## October 2004 Outpatient Prospective Payment System Outpatient Code Editor (OPPS OCE) Specifications Version 5.3

**Note:** This article was updated on April 5, 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 OPPS

### Provider Action Needed

Affected hospitals and providers should note that the related CR reflects the specifications that were issued for the July 2004 revision of the OPPS OCE (version 5.2), as well as changes for the October version, which is Version 5.3.

### Background

Full details of Version 5.3 of the OPPS OCE are contained in CR3395 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. Key changes in Version 5.3 include the following:

- Edit 67 is amended to reflect that the service was provided prior to FDA approval or prior to the date of a National Coverage Determination. *Edit 67 is intended to line item reject any line that has a line item date of service that precedes the effective date of FDA approval (Medicare Modernization Act (MMA) Section 621 (a)(1)(15) or the effective date of a National Coverage Determination(NCD) (MMA Section 731)). If the service is provided prior to the effective date of FDA approval or the effective date of the NCD, then the*

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*service is considered not covered by Medicare.* Edit 67 was established to comply with MMA. (The italicized language has been added for reason 67.)

- Where submitted charges for HCPCS surgical codes is less than \$1.01 for any line with a packaging flag of 0, the packaging flag will be reset to 3 for that line when there are other surgical procedures on the claim with charges greater than \$1.00.

All the modifications are summarized in the following table.

**Note:** Readers should also read through the specifications and note the highlighted sections, which also indicate change from the prior release of the software. Some OCE/Ambulatory Payment Classifications (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.

Effective Date	Description
1/1/03	Packaging flag 3: "Artificial charges for surgical procedure" Expand the logic as follows: <ul style="list-style-type: none"> <li>• Apply to all lines with SI = T (or any lines with SI = S in HCPCS range 10000-69999) with charges less than \$1.01 when there are other T procedures (or other S procedure in the same code range, 10000-69999) with charges greater than \$1.00 on the claim. Applicable to all OPSS claims where the APC Return buffer is completed).</li> <li>• Change effective date for packaging flag 3 to 1/1/03 (previous effective date was 7/1/04).</li> </ul>
8/2000	Change the disposition for edit 27 from RTP to <b>Claim rejection</b> .
10/1/04	Make HCPCS/APC/SI and modifier changes, as specified by CMS. Implement version <b>10.2</b> of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), MH (90804-90911), CAD (76085, G0236), or G0168.
10/1/04	Update the valid diagnosis code list to add and delete ICD-9-CM diagnosis codes to reflect CMS updates effective 10/1/04, and set appropriate edit flags as indicated by CMS.
10/1/04	Update the valid revenue code list to add revenue codes 0343 and 0344, and to delete revenue code 0910. Change description for edit 67 to read "Service provided prior to FDA approval or prior to date of National Coverage Determination (NCD)." 

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## Additional Information

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For complete details regarding the October version of the OPPTS OCE (Version 5.3), please see the official instruction issued to your fiscal intermediary regarding this change. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R254CP.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.

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