

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 1199

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)
Date: MARCH 9, 2007
Change Request 5523

SUBJECT: April 2007 Non-Outpatient Prospective Payment System (Non-OPPS) Outpatient Code Editor (OCE) Specifications Version 22.2

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

New / Revised Material

Effective Date: April 1, 2007

Implementation Date: April 2, 2007

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 / Subsection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 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: April 2007 Non-Outpatient Prospective Payment System (Non-OPPS) Outpatient Code Editor (OCE) Specifications Version 22.2

Effective Date: April 1, 2007

Implementation Date: April 2, 2007

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 (HCPCS/CPT) codes. This OCE is used to process bills from hospitals not paid under the OPSS.

B. Policy: The following changes were made to version 22.2 of the Non-OPPS OCE:

- Addition, deletion and revision of HCPCS/CPT procedure codes; and
- Revised code lists for the Medicare Outpatient Code Edits.

Code Descriptions:

New HCPCS/CPT Procedure Codes, **effective 1/1/07:**

Add the following new HCPCS/CPT Procedure Codes **effective 1/1/07** (OCE v22.1)

Code	Description	SI	Edit
0509F	Urine incon plan doc'd	M	72
1060F	Doc perm/cont/parox atr. fib	M	72
1061F	Doc lack perm+cont+parox fib	M	72
1065F	Ischm stroke symp <3 hrs b/4	M	72
1066F	Ischm stroke symp >=3 hrs b/	M	72
1070F	Alarm symp assessed-absent	M	72
1071F	Alarm symp assessed-1+ prsnt	M	72
1080F	Decis mkr/advncd plan doc'd	M	72
1090F	Pres/absn urine incon assess	M	72
1091F	Urine incon characterized	M	72
1100F	Pt falls assess-doc'd>=2+/yr	M	72
1101F	Pt falls assessed-doc'd<=1/y	M	72
1110F	Pt lft inpt fac w/in 60 days	M	72
1111F	Dschrg med/current med merge	M	72
3100F	Carot blk doc'd w/ carot ref	M	72
3101F	Intl carot blk 30-99% range	M	72
3102F	Int carot blk < 30%	M	72
3110F	Pres/absn hmrhg/lesion doc'd	M	72
3111F	Ct/mri brain done w/in 24hrs	M	72

3112F	Ct/mri brain done > 24 hrs	M	72
3120F	12-lead ecg performed	M	72
3130F	Upper gi endoscopy performed	M	72
3132F	Doc ref. upper gi endoscopy	M	72
3140F	Forceps esoph biopsy done	M	72
3141F	Upper gi endo shows barrtt's	M	72
3142F	Upper gi endo not barrtt's	M	72
3143F	Doc order barium swallow tst	M	72
4041F	Doc order cefazolin/cefurox.	M	72
4042F	Doc antibio not given	M	72
4043F	Doc order given stop antibio	M	72
4044F	Doc order given vte prophylx	M	72
4046F	Doc antibio given b/4 surg	M	72
4047F	Doc antibio given b/4 surg	M	72
4048F	Doc antibio given b/4 surg	M	72
4049F	Doc order given stop antibio	M	72
4070F	Dvt prophylx recv'd day 2	M	72
4073F	Oral antiplat thx rx dischrg	M	72
4075F	Anticoag thx rx at dischrg	M	72
4077F	Doc t-pa admin considered	M	72
4079F	Doc rehab svcs considered	M	72
4084F	Aspirin recv'd w/in 24 hrs	M	72
6010F	Dysphag test done b/4 eating	M	72
6015F	Pt recvng/OK for eating/swal	M	72
6020F	NPO (nothing-mouth) ordered	M	72
G8348	Int carotid stenosis meas	M	72
G8349	Pt inelig for doc of alarm	M	72
G8350	Pt doc 12 lead ECG	M	72
G8351	Pt not doc ECG	M	72
G8352	Pt inelig for ECG	M	72
G8353	Pt doc rec aspirin 24hrs ER	M	72
G8354	Pt not rec aspirin prior ER	M	72
G8355	Clin doc pt inelig aspirin	M	72
G8356	Pt doc to have ECG	M	72
G8357	Pt not doc to have ECG	M	72
G8358	Clin doc pt inelig ECG	M	72
G8359	Pt doc vital signs recorded	M	72
G8360	Pt not doc vital signs recor	M	72
G8361	Pt doc to have 02 SAT assess	M	72
G8362	Pt not doc 02 SAT assess	M	72
G8363	Clin doc pt inelig 02 SAT	M	72
G8364	Pt doc mental status assess	M	72
G8365	Pt not doc mental status	M	72
G8366	Pt doc to have empiric AB	M	72
G8367	Pt not doc have empiric AB	M	72
G8368	Clin doc pt inelig empiri AB	M	72

Add the following new HCPCS codes, **effective 4/1/07**:

Code	Description	SI	Edit
S0270	Home std case rate 30 days	E	9
S0271	Home hospice case 30 days	E	9
S0272	Home episodic case 30 days	E	9
S0273	MD home visit outside cap	E	9
S0274	Nurse practr visit outs cap	E	9
S3618	Free beta HCG	E	9
T1503	Med admin other than oral	E	9

Deleted HCPCS/CPT Procedure Codes

Delete the following HCPCS/CPT codes from the valid codes list and remove them from any edits to which they had been assigned, **effective 1/1/07** (OCE v22.1)

Code	Description
3047F	Hemoglobin A1c level = 9.0%
3076F	Syst bp < 140 mm hg

Delete the following HCPCS/CPT codes from the valid codes list and remove them from any edits to which they had been assigned, **effective 4/1/07**

Code	Description
S0167	Inj apomorphine HCl 1mg
S0820	Computerized corneal topogra
S1025	Inhal nitric oxide neonate
S2213	Implant gastric stim
S2250	Uterine artery emboliz

Short Code Descriptions

Update the Code Description Database with new and revised short code descriptions that are being implemented for the OPPS OCE (OCE/APC v8.1).

Medicare Outpatient Code Edits

Non-Covered Procedures

Add the following codes to the list of **Non-Covered procedures**, **effective 4/1/07**

Code	Description	SI	Edit
S0270	Home std case rate 30 days	E	9
S0271	Home hospice case 30 days	E	9
S0272	Home episodic case 30 days	E	9
S0273	MD home visit outside cap	E	9
S0274	Nurse practr visit outs cap	E	9
S3618	Free beta HCG	E	9
T1503	Med admin other than oral	E	9

Remove the following code from the list of **Non-Covered procedures, effective 1/1/06** (OCE v21.1)

Code	Description
0090T	Cervical artifice disc

Remove the following codes from the list of **Non-Covered procedures, effective 1/1/01** (OCE v16.1)
[SI changing back- from E]:

Code	Description
A9900	Supply/accessory/service
A9901	Delivery/set up/dispensing

Non-Reportable Procedures

Add the following code to the list of **Non-Reportable procedures, effective 1/1/01** (OCE v16.1)
(SI changing to Y)

HCPCS	Description
A9900	Supply/accessory/service

Add the following codes to the list of **Non-Reportable procedures, effective 1/1/07** (OCE v22.1):

Codes	Description
0509F	Urine incon plan doc'd
1060F	Doc perm/cont/parox atr. fib
1061F	Doc lack perm+cont+parox fib
1065F	Ischm stroke symp <3 hrs b/4
1066F	Ischm stroke symp >=3 hrs b/
1070F	Alarm symp assessed-absent
1071F	Alarm symp assessed-1+ prsnt
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3111F	Ct/mri brain done w/in 24hrs
3112F	Ct/mri brain done > 24 hrs
3120F	12-lead ecg performed
3130F	Upper gi endoscopy performed
3132F	Doc ref. upper gi endoscopy
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3141F	Upper gi endo shows barrett's

3142F	Upper gi endo not barrtt's
3143F	Doc order barium swallow tst
4041F	Doc order cefazolin/cefurox.
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4043F	Doc order given stop antibio
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4046F	Doc antibio given b/4 surg
4047F	Doc antibio given b/4 surg
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G8354	Pt not rec aspirin prior ER
G8355	Clin doc pt inelig aspirin
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G8357	Pt not doc to have ECG
G8358	Clin doc pt inelig ECG
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G8364	Pt doc mental status assess
G8365	Pt not doc mental status
G8366	Pt doc to have empiric AB
G8367	Pt not doc have empiric AB
G8368	Clin doc pt inelig empiri AB

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A	D	F	C	D	R	Shared-System Maintainers				OTHER		
		/	M	I	A	M	H	F	M	V	C			
		B	E		R	R	I	I	S	S	M	S	W	F
		M	M		R	R	I							
		A	A		E									
		C	C		R									
5523.1	Shared System Maintainer shall install Non-OPPS OCE Version 22.0 into their systems.	X		X					X					
5523.2	Contractors shall inform providers of the Non-OPPS OCE changes for Version 22.0 detailed in this recurring change notification.	X		X										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)												
		A	D	F	C	D	R	Shared-System Maintainers				OTHER		
		/	M	I	A	M	H	F	M	V	C			
		B	E		R	R	I	I	S	S	M	S	W	F
		M	M		R	R	I							
		A	A		E									
		C	C		R									
5523.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s):

Diana Motsiopoulos at dmotsiopoulos@cms.hhs.gov., or Maria Durham at maria.durham@cms.hhs.gov .

Post-Implementation Contact(s):

Regional Office(s)

VI. FUNDING

A. *For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):*

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. *For Medicare Administrative Contractors (MAC):*

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.