

MLN Matters Number: MM4238

Related Change Request (CR) #: 4238

Related CR Release Date: December 16, 2005

Effective Date: January 1, 2006

Related CR Transmittal #: R784CP

Implementation Date: January 3, 2006

January 2006 Outpatient Prospective Payment System Code Editor (OPPS OCE) Specifications Version 7.0

Note: This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

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

Provider Action Needed

This article is based on Change Request (CR) 4238 which informs your FI that the January 2006 Outpatient Prospective Payment System Outpatient Code Editor (OPPS OCE) specifications have been updated with new additions, deletions, and changes.

Background

Change Request (CR) 4238 reflects specifications that were issued for the October revision of the OPPS OCE (Version 6.3). All shaded material in Attachment A of CR4238 reflects changes that were incorporated into the January version of the revised OPPS OCE (Version 7.0).

CR4238 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 when provided:

- In a Comprehensive Outpatient Rehabilitation Facility (CORF) or Home Health Agency (HHS) not under the Home Health Prospective Payment System; or
- To a hospice patient for the treatment of a non-terminal illness.

The modifications of the OPPS OCE for the January 2006 release (V7.0) are summarized in the table below. Readers should also examine the specifications

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attached to CR3583 and note the highlighted sections, which also indicate changes from the prior release of the OPSS OCE software.

Instructions for accessing the complete specifications are provided in the *Additional Information* section of this article. Note also that some of these modifications have an effective date earlier than January 1, 2006, and such dates are reflected in the "Effective Date" column.

Some OCE/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. The modifications of the OCE/APC for the January 2006 release (V7.0) are summarized in the following table:

Summary of OPSS/OCE Modifications

#	Modification Type	Effective Date	Edit	Description
1.	Logic	1/1/06	19/20, 39/40	Modify appendix F to apply CCI edits to bill types 22x, 23x, 34x, 74x and 75x (in addition to bill types 12x, 13x and 14x)
2.	Logic	1/1/06		Add new Status Indicator " <i>O – Packaged services subject to separate payment based on criteria</i> "; Payment Indicator = 3
3.	Logic	1/1/06	53, 57	Modify observation logic to package observation code (instead of claim RTP) when criteria for separate payment are not met; see Appendix H
4.	Logic	1/1/06	52, 56	Deactivate observation edits 52 and 56
5.	Logic	1/1/06	57	Modify edit 57 to trigger only when the DOS for the observation code is January 1
6.	Logic	1/1/06	58	Modify logic for direct admission from physician's office to pay a medical visit APC if observation is not payable; see Appendix H
7.	Logic	1/1/06		Change SI from "T" to "S" for APC 375 (Inpatient-only procedure when patient expires before adm)
8.	Logic	1/1/06	13,14	Deactivate edits 13 and 14 (SI/edit reassignment for code contents)
9.	Logic	1/1/06		Modify partial hospitalization and mental health logic to remove editing for ECT or type "T" procedure on same day as partial hospital (level of) care; see Appendix C of Attachment A
10.	Logic	1/1/06	31,36	Deactivate edits 31 and 36
11.	Logic	8/21/05	22	Implement a retroactive mid-quarter activation date for modifier CR – Catastrophe/Disaster Related

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#	Modification Type	Effective Date	Edit	Description
12.	Logic	8/1/00	27	Change disposition for edit 27 to claim rejection, retroactive to 8/1/2000
13.	Logic	1/1/06		Implement 50% discounting for non-type "T" procedures with modifier 52; see Appendix D of Attachment A of CR4238
14.	Logic	1/1/06		Reassign SI to A (APC 0) for specified wound care codes when submitted with therapy revenue code (420, 430, 440) or therapy modifier (GN, GO, GP)
15.	Content			Make HCPCS/APC/SI changes, as specified by CMS
16.	Content		19,20 39,40	Implement version 11.3 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), MH (90804-90911), or Drug Admin (96400-96450; 96542-96549; 90780,90781)
17.	Content		17	Update bilateral procedure indicators in the OCE consistent with the Medicare Physician Fee Schedule (MPFS)
18.	Content	4/1/05	71	Update procedure/device edit requirements
19.	Content			Add/Delete modifiers as indicated by CMS
20.	Doc	1/1/06	53	Change edit description to: <i>"Codes G0378 and G0379 only allowed with bill type 13x"</i>
21.	Doc	1/1/06	57	Change edit description to: <i>"E/M condition not met for separately payable observation and line item date for code G0378 is 1/1"</i>
22.	Doc	1/1/06	58	Change edit description to: <i>"G0379 only allowed with G0378"</i>
23.	Doc	1/1/06	32	Change edit description to: <i>"Partial hospitalization claim spans 3 or less days with insufficient services on at least one of the days"</i>
24.	Content	1/1/06		Codes G0008 and G0009, Flu and PPV administration, added to "vaccines" (see Appendix F footnote of Attachment A)
25.	Doc			Change description for SI H to: <i>"Pass-through device categories, brachytherapy sources, and radiopharmaceutical agents"</i>
26.	Doc			Change description of SI K to: <i>"Non-pass-through drugs and biologicals"</i>

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Implementation

The implementation date for the instruction is January 3, 2006.

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.hhs.gov/transmittals/downloads/R784CP.pdf> on the CMS web site.

If you have any questions, please contact your FI/RHHI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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