



## Flu Shot Reminder

### It's Not Too Late to Give and Get the Flu Shot!

The peak of flu season typically occurs between late December and March; however, flu season can last until May. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS' website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>.

MLN Matters Number: MM5522

Related Change Request (CR) #: 5522

Related CR Release Date: March 9, 2007

Effective Date: April 1, 2007

Related CR Transmittal #: R1198CP

Implementation Date: April 2, 2007

## April 2007 Outpatient Prospective Payment System (OPPS) Outpatient Code Editor (OCE) Specifications Version 8.1

### Provider Types Affected

Providers submitting claims to Medicare Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries and paid under the OPSS.

### Provider Action Needed

This article is based on Change Request (CR) 5522 which informs the FIs and A/B MACs that the April 2007 OPSS OCE specifications have been updated with new additions, deletions, and changes. It provides the revised OPSS OCE instructions and specifications that will be utilized under the OPSS for hospital outpatient departments, community mental health centers (CMHCs), and limited services provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.

## Background

Full details of Version 8.1 of the OPSS OCE are contained in CR5522 and will not be repeated in this article; especially since many of the details are not 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 April 2007 release (V8.1) are summarized in the following table:

	Mod. Type	Effective Date	Edit	
1.	Logic	1/1/07	71	Modify edit 71 to trigger only when a procedure is missing a required device(s) as previously.  (Create a new edit for the reverse condition).
2.	Logic	1/1/07	77	New edit 77 – Claim lacks allowed procedure code (for coded device) (Return to Provider (RTP))  - If a specified device is submitted on a claim without a code for an allowed procedure
3.	Content			Make HCPCS/APC/SI changes, as specified by CMS.
4.	Content		19,20, 39,40	Implement version 13.0 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911).
5	Content	4/1/05	71	Update procedure/device edit requirements
6.	Doc	4/1/07	71	Modify description for edit 71: Claim lacks required device code
7.	Doc	4/1/07		UB-92 form locators for claim input values removed from tables #1 and #2
8.	Doc	4/1/07		All references to UB-92 changed to UB-04

You may also want to review the specifications in the official instruction (CR 5522) 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

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.

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

---

The official instruction, CR5522, issued to your intermediary, RHHI, and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1198CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare intermediary, RHHI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.