

# Program Memorandum Intermediaries

Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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Transmittal A-01-24

Date: FEBRUARY 8, 2001

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## CHANGE REQUEST 1561

### **SUBJECT: Further Guidance on Handling OCE Error 13**

The purpose of this Program Memorandum (PM) is to instruct users of the Fiscal Intermediary Standard System (FISS) to release the pending claims for processing by rejecting the line item(s) without HCPCS by using adjustment code 46 and group code CO, which indicate that the beneficiary cannot be billed. This will allow the remainder of the claim to process to payment. FISS users should notify their providers that they may submit an adjustment claim for the rejected lines if they report the appropriate HCPCS code on the adjustment claim. Once the backlog of these claims has been worked, users of the FISS should set the reason code to Return to the Provider (RTP) rather than continuing to reject the lines.

Claims with revenue lines that do not contain HCPCS are receiving OCE error 13 "Separate Payment for Services Not Provided by Medicare." Users of the FISS are suspending the entire claim instead of rejecting the line item.

Users of the Arkansas Part A Standard System should continue to RTP these claims.

In addition, users of both standard systems should educate their providers regarding the importance of reporting HCPCS for all services that they expect payment under the Outpatient Prospective Payment System.

**The *effective date* for this PM is February 8, 2001.**

**The *implementation date* for this PM is February 8, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after March 1, 2002.**

**If you have any questions, contact Faith Ashby at (410) 786-6145.**