

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

| | | | |
|-------------|-------------------|---------------------|----------------------|
| Pub. 100-04 | Transmittal: 1199 | 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

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 |
| 1080F | Decis mkr/advncd plan doc'd |
| 1090F | Pres/absn urine incon assess |
| 1091F | Urine incon characterized |
| 1100F | Pt falls assess-doc'd>=2+/yr |
| 1101F | Pt falls assessed-doc'd<=1/y |
| 1110F | Pt lft inpt fac w/in 60 days |
| 1111F | Dschrg med/current med merge |
| 3100F | Carot blk doc'd w/ carot ref |
| 3101F | Intl carot blk 30-99% range |
| 3102F | Int carot blk < 30% |
| 3110F | Pres/absn hmrhg/lesion doc'd |
| 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 |
| 3140F | Forceps esoph biopsy done |
| 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. |
| 4042F | Doc antibio not given |
| 4043F | Doc order given stop antibio |
| 4044F | Doc order given vte prophylx |
| 4046F | Doc antibio given b/4 surg |
| 4047F | Doc antibio given b/4 surg |
| 4048F | Doc antibio given b/4 surg |
| 4049F | Doc order given stop antibio |
| 4070F | Dvt prophylx recv'd day 2 |
| 4073F | Oral antiplat thx rx dischrg |
| 4075F | Anticoag thx rx at dischrg |
| 4077F | Doc t-pa admin considered |
| 4079F | Doc rehab svcs considered |
| 4084F | Aspirin recv'd w/in 24 hrs |
| 6010F | Dysphag test done b/4 eating |
| 6015F | Pt recvng/OK for eating/swal |
| 6020F | NPO (nothing-mouth) ordered |
| G8348 | Int carotid stenosis meas |
| G8349 | Pt inelig for doc of alarm |
| G8350 | Pt doc 12 lead ECG |
| G8351 | Pt not doc ECG |
| G8352 | Pt inelig for ECG |
| G8353 | Pt doc rec aspirin 24hrs ER |
| G8354 | Pt not rec aspirin prior ER |
| G8355 | Clin doc pt inelig aspirin |
| G8356 | Pt doc to have ECG |
| G8357 | Pt not doc to have ECG |
| G8358 | Clin doc pt inelig ECG |
| G8359 | Pt doc vital signs recorded |
| G8360 | Pt not doc vital signs recor |
| G8361 | Pt doc to have 02 SAT assess |
| G8362 | Pt not doc 02 SAT assess |
| G8363 | Clin doc pt inelig 02 SAT |
| 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) |
|--------|-------------|---|
|--------|-------------|---|

| | | 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 | | I | C | | | | | | | | |
| | | 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 | | I | C | | | | | | | | |
| | | 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.