
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 186

Date: MAY 28, 2004

CHANGE REQUEST 3319

I. SUMMARY OF CHANGES: This instruction informs fiscal intermediaries that the Outpatient Code Editor, used to process bills from hospitals not paid under the Outpatient Prospective Payment System, has been updated with new additions, changes, and deletions to the Healthcare Common Procedure Coding System.

NEW/REVISED MATERIAL - EFFECTIVE DATE: Various dates as described in the instruction

***IMPLEMENTATION DATE:** July 6, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Medicare contractors only**

Attachment – Recurring Update Notification

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SUBJECT: July Update to the Medicare Outpatient Code Editor (OCE) Version 19.2 For Bills From Hospitals That Are Not Paid Under The Outpatient Prospective Payment System

I. GENERAL INFORMATION

A. Background: This Change Request (CR) informs you that the OCE has been updated with new additions, changes, and deletions to Healthcare Common Procedure Coding System/Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4) codes. This OCE is used to process bills from hospitals not paid under the OPPTS. CMS sent detailed information about these changes in separate communications.

B. Policy: The following are changes made to version 19.2 of the non-OPPTS OCE:

- The following codes have been deleted from the list of Non-Covered procedures, effective 4/1/02:
 1. 44132
 2. 44133
 3. 44135
 4. 44136

- The following codes have been added to the list of Non-Reportable procedures, effective 4/1/02:
 1. 44132
 2. 44133
 3. 44135
 4. 44136

- The following new codes have been added to the to the valid HCPCS list, effective 1/1/04:
 1. C9213
 2. C9214
 3. C9215
 4. C9216
 5. C9217
 6. C9399
 7. C9401

NOTE: Transmittal 20 (CR 3155) incorrectly listed C9406 in the valid HCPCS list, effective 1/1/04.

- The following codes have been added to the list of Non-Reportable procedures, effective 1/1/04:

1. A9525
2. C9213
3. C9214
4. C9215
5. C9216
6. C9217
7. C9399
8. C9401

NOTE: Transmittal 20 (CR 3155) incorrectly listed C9406 in the list of Non-Reportable procedures, effective 1/1/04.

- The following code has been deleted from the valid HCPCS list, effective 4/1/04:

1. E1065

- The following new codes have been added to the list of valid HCPCS, effective 7/1/04:

1. C9716
2. G0329
3. K0650
4. K0651
5. K0652
6. K0653
7. K0654
8. K0655
9. K0656
10. K0657
11. K0658
12. K0659
13. K0660
14. K0661
15. K0662
16. K0663
17. K0664
18. K0665
19. K0666
20. K0667
21. K0668

22. K0669

- The following codes have been added to the list of Non-Reportable procedures, effective 7/1/04:
 1. C9716
 2. K0650
 3. K0651
 4. K0652
 5. K0653
 6. K0654
 7. K0655
 8. K0656
 9. K0657
 10. K0658
 11. K0659
 12. K0660
 13. K0661
 14. K0662
 15. K0663
 16. K0664
 17. K0665
 18. K0666
 19. K0667
 20. K0668
 21. K0669

C. Provider Education: A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3319.1	The Shared Systems Maintainer (SSM) shall install OCE version 19.2 into their system.	SSM
3319.2	Fiscal Intermediaries (FIs) shall inform providers of the OCE changes for 2004 as detailed in this recurring change notification.	FIs

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: OCE

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: Various dates as described in the instruction.</p> <p>Implementation Date: July 6, 2004</p> <p>Pre-Implementation Contact(s): Joe Bryson jbryson2@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Office</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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