OUTPATIENT CODE EDITOR (OCE) EDITS

File Name: outpatient_code_editor_oce_edits_MA
Origination: 6/2022
Last Review: 6/2022
Next Review: 12/2022

Description

The Outpatient Code Editor (OCE) is an editing system created and maintained by CMS to process outpatient facility claims. The OCE edits identify incorrect and inappropriate coding of these claims.

The National Correct Coding Initiative (NCCI or CCI) was developed by CMS to promote consistent and correct coding methodologies. NCCI rules look for code pairs that should not be billed together on the same date for the same patient. The hospital procedure-to-procedure (PTP) code pairs operate the same as the practitioner PTP code pairs; however, modifiers and coding pairs may differ because of differences between facility and professional services. Applicable NCCI edits are incorporated into the OCE.

Policy

Blue Cross NC will reimburse services identified through the OCE editing system as billing/coding errors according to the criteria outlined in this policy.

Reimbursement Guidelines

Blue Cross Blue Shield North Carolina (Blue Cross NC) has adopted OCE edits and will use these in processing outpatient facility claims.

Sample of OCE Edits (not all inclusive)

Edit	Generated when:
Invalid diagnosis code	The principal diagnosis field is blank or the entered diagnosis code is not valid.
Diagnosis and age conflict	The diagnosis code includes an age range and the age is outside this range.
Invalid procedure code	The entered HCPCS/CPT® code is not valid.
Code two of a code pair that is not allowed by NCCI unless an appropriate modifier is appended to code pair	The procedure is of the column two code in a pair of procedures denoted with a modifier indicator of "1", meaning an appropriate modifier may be allowed to append the code pair and bypass the edit. However, where the medical documentation does not support the use of the modifier on the code pair, the edit will be enforced and Code two of the code pair will be rejected.
Code two of a code pair that is not allowed by NCCI	The procedure is the column two code in a pair of procedures, denoted with a modifier indicator of "0", meaning no modifier may be allowed to append the code pair

even if appropriate modifier is present	and bypass the edit. There are no circumstances in which both procedures of the code should be paid for the same member on the same day by the same provider.
Invalid modifier	Modifier is not valid.
Invalid date	The From, Through, or Service date is invalid, or the service date falls outside the range of the From and Through dates.
Invalid age	The age is non-numeric or outside the range of 0-124 years.

Blue Cross NC will follow NCCI edits as developed by CMS. The column two code is incidental to the column one code and not eligible for separate reimbursement. See separate reimbursement policy "NCCI."

Rationale

Blue Cross NC reserves the right to implement service edits to apply correct coding guidelines for CPT®, HCPCS, and ICD-10 diagnosis and procedure codes. Service edits are in place to enforce and assist in a consistent claim review process.

National Correct Coding Initiative (NCCI) edits are available at:
https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html

OCE edits are available at:
https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Related policy

Bundling Guidelines

Global Surgery

NCCI

References

https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html

How to Use the Medicare National Correct Coding Initiative (NCCI) Tools. Available at:
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/How-to-Use-NCCI-Tools.pdf

Healthcare Common Procedure Coding System

American Medical Association, *Current Procedural Terminology* (CPT®)

Centers for Disease Control and Prevention, International Classification of Diseases, 10th Revision

History

6/1/2022	New policy developed. Medical Director approved. **Notification on 3/31/2022 for effective date 6/1/2022**. (eel)

Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

Legal