



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare for All"

COMPLIANCE ALERT 13-23

CMS Finalizes Changes to OPPS and Changes E/M Coding

EXECUTIVE SUMMARY: On November 27, 2013, CMS released its 2014 OPPS Final Rule and CMS continued its move toward increased “packaging” along with collapsing the clinical evaluation and management (E/M) codes into a single G-code.

SUMMARY: For CY 2014, CMS finalized its proposal “to replace the current five levels of visit codes for each clinic visit with a new alphanumeric Level II HCPCS code representing a single level of payment for clinic visits... [CMS is] finalizing [its] proposal to assign the new alphanumeric Level II HCPCS to newly created APC 0634 with CY 2014 OPPS payment rates based on the total mean costs of Level 1 through Level 5 clinic visit codes obtained from CY 2012 OPPS claims data. For CY 2014, [CMS is] not finalizing [its] proposal to replace the current five levels of visit codes for each Type A ED, and Type B ED visits with two new alphanumeric Level II HCPCS codes representing a single level of payment for two types of ED visits, respectively.”

This means that effective January 1, 2014, there will be one single HCPCS G-code for clinic visits and a single payment will be made. Existing codes for emergency department visits will remain the same.

ACTION NEEDED: HHSC facilities utilizing the OPPS should review rule to gain familiarity with this new rule. Other payers may follow CMS’s lead but that is unknown at this time.

Source: http://www.ofr.gov/OFRUpload/OFRData/2013-28737_PL.pdf