January 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.0

MLN Matters Number: MM11564 Revised

Related Change Request (CR) Number: 11564

Related CR Release Date: February 13, 2020

Effective Date: January 1, 2020

Related CR Transmittal Number: R4528CP

Implementation Date: January 6, 2020

> Note: We revised this article on February 13, 2020, due to a revised Change Request (CR) that added two new attachments due to legislation. The CR release date, transmittal number and link to the transmittal also changed. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for hospitals, other providers and suppliers billing Medicare Administrative Contractors (MACs), including the Home Health and Hospice (HHH) MACs, for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

This article, based on CR 11564, informs MACs, including HHH MACs, and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for January 1, 2020. The I/OCE routes all institutional outpatient claims (which includes non-Outpatient Prospective Payment System (OPPS) hospital claims) through a single integrated OCE.

CR 11564 provides the Integrated OCE instructions and specifications for the Medicare Integrated OCE version 21.0 that will be used as follows:

- Under the OPPS

- For Non-OPPS for hospital outpatient departments, community mental health centers, and all non-OPPS providers

- For limited services when provided in a home health agency not under the Home Health Prospective Payment System

- For a hospice patient for the treatment of a non-terminal illness

Make sure your billing staffs are aware of these changes.

BACKGROUND

The I/OCE specifications will be posted at http://www.cms.gov/OutpatientCodeEdit/. The changes are summarized in the following table. Readers should also read through the entire document and note the highlighted sections, which also indicate changes from the prior release

of the software. Some IOCE modifications in the update may be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

Type	Effective Date	Edits Affected	Modification
Logic	**01/01/2017**		Add new payment method flag of Y (Contractor bypass applied to Section 603 service with reduction applied in OPPS Pricer) to be returned on output to identify a line(s) that have had a Contractor bypass applied and in addition the lines(s) need a reduction applied by Pricer. Note: The Contractor Bypass function is a CMS/Contractor related function and is not meant to be used by other end users or providers. See Contractor (MAC) Actions Impacting IOCE Processing for more information.
Logic	**11/11/2019**	110	Apply mid-quarter edit 110 (Service provided prior to initial marketing date) to HCPCS Q5115, if reported before 11/11/2019
Logic	01/01/2020	112	Implement new edit 112 (Information only service(s)) to line item reject HCPCS that are identified as being non-covered and meant for informational reporting purposes only. HCPCS applicable to the "information only service" list are available in the data file, Data_HCPCS.
Logic	**04/01/2018**	106	Update Add-on code logic to separately edit drug administration add-on procedure codes, if the primary drug administration procedure is not present on the same claim. See Add-on Code Editing section for more information.
Logic	01/01/2020	22	Add the following new modifiers to the valid modifier list: • MA- Emer med cond susp/confirm • MB- Auc hardship, insuf internet • MC- Auc hardship, vendor issues • MD- Auc hardship, extreme circ • ME- Order adheres to auc • MF- Order does not adhere to auc • MG- Auc not applicable to order • MH- Auc consult not provided Remove the following modifier from the valid modifier list: • GD- Unit of service > mue value Reactivating the following modifier to the valid modifier list: • CB- Esrd bene part a snf-sep pay
Documentation	01/01/2019		Update documentation for New Technology procedures being excluded from packaging with a Comprehensive APC J1 or J2 service. See Comprehensive APC processing section for more information.
Documentation	01/01/2020		Updated FQHC processing logic section for consistency purposes only. There are no logic changes being applied.

Type	Effective Date	Edits Affected	Modification
Documentation	01/01/2020		Update specifications references to quarterly data files based on the new structure and file naming convention. **Please note:** Effective with v21.0 of the IOCE, quarterly data files are updated with a new structure, file-naming convention, and new tables. The file layout document should be used to aid users in identifying the new tables, layout, file-naming conventions, descriptions, and all applicable values where necessary.
Content	01/01/2020		Make all HCPCS/APC/SI changes as specified by CMS. Updates were made to the following lists (please review the Quarterly Data Table Reports for additional detail). Due to the new table and file structure for Jan 2020, the tables that are updated which reference a list are specified below. MAP_ADDON_TYPE I • Addon Type I procedures (edit 106) MAP_ADDON_DRUG_ADMIN • Drug administration add on procedures (edit 106) (new list) DATA_CAPC • Comprehensive APC list (updated list and rank) MAP_CAPC • CAPC Complexity Adjusted Code Pairs OFFSET_HCPCS • Terminated Device Procedures for offset APC OFFSET_APC • Pass-through radiopharmaceutical for offset APC (edit 99) • Pass-through skin substitute product for offset APC (edit 99) • Pass-through contrast for offset APC (edit 99) • Pass-through stress agent for offset APC (edit 99) OFFSET_CODEPAIRS • Device Offset Code Pairs (code pair updates for pass-through device offset logic)

Type	Effective Date	Edits Affected	Modification
Content (continued)			DATA_HCPCS • C-APC Exclusions list • Questionable Service list (edit 12) • Information Only Service list (edit 112) (new list) • Low and High Cost Skin Substitute list (edit 87) • FQHC Non-Covered list • Daily Mental Health services list • Mental Health Not billable under PHP (edit 80) • Conditional bilateral list • Inherent bilateral list • Device and Device Intensive Procedures (edit 92) • Non-Standard Ct Scan HCPCS subject to NEMA • X-ray procedure list applicable for modifiers FX/FY- CAA Section 502b • Non-covered services lists (SI = E1, for edits 9, 28, 50,) • Non-reportable for OPPS list (SI = B, edit 62) • Services not billable to MAC list (SI = M, edit 72) • Separate payment not provided list (SI = E2, edit 13) • Drug Administration Addon Code (edit 106) (new list) • Procedure and Sex Conflict lists (edit 8) • Deductible Coinsurance Not Applicable list MAP CONFLICT RHC • RHC CG modifier non-payable conflict DATA_MODIFIER • Valid Modifier list
Data Table Reports	01/01/2020		The following Data Table Report(s) is updated to include new fields: **DATA_HCPCS** • Addon_Drug_Admin • Information_Only The following Data Table Report(s) is added: **MAP_ADDON_DRUG_ADMIN** Please review the File Layout document for the descriptions of all Data Table Reports and associated fields and field values.
	01/01/2020	20, 40	Implement version 26.0 of the NCCI (as modified for applicable outpatient institutional providers).

ADDITIONAL INFORMATION

The official instruction, CR11564, issued to your MAC regarding this change, is available at https://www.cms.gov/files/document/R4528cp.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
February 13, 2020	Note: We revised this article due to a revised CR that added two new attachments due to legislation. The CR release date, transmittal number and link to the transmittal also changed. All other information remains the same.
January 7, 2020	Initial article released.