



July 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.2

MLN Matters Number: MM12295

Related Change Request (CR) Number: 12295

Related CR Release Date: June 11, 2021

Effective Date: July 1, 2021

Related CR Transmittal Number: R10824CP

Implementation Date: July 6, 2021

Provider Types Affected

This MLN Matters Article is for hospitals, providers, and suppliers sending claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice MACs (HH&H MACs), for services they provide to Medicare patients.

Provider Action Needed

This Article tells you about changes to the July 2021 version of the I/OCE instructions and specifications for the I/OCE that Medicare uses:

- In the Outpatient Prospective Payment System (OPPS) and Non-OPPS for hospital outpatient departments, community mental health centers, and all non-OPPS providers
- For limited services when provided in an HH Agency (HHA) not under the HH PPS
- For a hospice patient for the treatment of a non-terminal illness.

Make sure your billing staffs are aware of these changes.

Background

CR 12295 tells MACs and the Fiscal Intermediary Shared System (FISS) maintainer that CMS is updating the I/OCE for July 1, 2021. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. See the full [I/OCE specifications](#) for complete details.

Refer to the [Summary of Quarterly Release Modifications](#) in CR 12295 for a brief summary of the edit and other changes that are effective with the July 1, 2022, version 22.2 of the I/OCE.

More Information

We issued [CR 12295](#) to your MAC as the official instruction for this change.

For more information, contact your [MAC](#).

Document History

Date of Change	Description
June 15, 2021	Initial article released.

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