



**News Flash – Revised in January 2009** -- The **Outpatient Code Editor (OCE) Web-Based Training (WBT)**, which is made available by the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN), can help healthcare professionals, and medical administrative staff, to understand the OCE utilized under the Outpatient Prospective Payment System (OPPS), as well as other payment systems. This WBT addresses the OCE in the Fiscal Intermediary Standard System (FISS). It can be accessed by going to <http://www.cms.hhs.gov/MLNGenInfo/> on the CMS website. Then, scroll to the “Related Links Inside CMS” section and select [Web Based Training \(WBT\) Modules](#). You will find the “Outpatient Code Editor WBT” from the list provided.

MLN Matters Number: MM6413

Related Change Request (CR) #: 6413

Related CR Release Date: March 13, 2009

Effective Date: April 1, 2009

Related CR Transmittal #: R1700CP

Implementation Date: April 6, 2009

## April 2009 Integrated Outpatient Code Editor (I/OCE) Specifications Version 10.1

### Provider Types Affected

Providers submitting claims to Medicare contractors (fiscal intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or regional home health intermediaries (RHHIs)) for outpatient services provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 6413, which describes changes to the Integrated Outpatient Code Editor. Be sure billing staffs are aware of these changes.

### Background

CR 6413 describes changes to the April 2009 Integrated Outpatient Code Editor (I/OCE). Attached to CR 6413 are lengthy specifications for the I/OCE (Attachment A) and the Summary of Data Changes (Attachment B).

#### Disclaimer

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Note: A summary of the changes for April 2009 is within Appendix M of Attachment A of CR 6413 and that summary is captured in the following key points.

## **Key Points of CR 6413 Based on Preliminary Summary of Data Changes and Appendix M of the I/OCE Specifications (Attached to CR 6413)**

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**Medicare has made the following I/OCE logic changes for April (note: ALL of the logic changes are detailed in the specifications in CR 6413):**

- Status indicator U (to SI =H) was added to the criteria for edit 38
- The program was modified to ignore procedures that had SI changed from Q(#) to N - in subsequent logic for purposes of assigning composite APC
- The program was modified to apply edit 80 to bill type 76X
- The program was modified to remove TOB 14X from mental health (MH) processing

**Medicare has made the following Healthcare Common Procedure Coding System/Ambulatory Payment Class/Status Indicator (HCPCS/APC/SI) changes:**

### **Added APCs (for providers paid under OPPS)**

- APC 01253 (Triamcinolone A inj PRS-free), with a Status Indicator (SI) = K has been added effective January 1, 2009.
- APC 09247 (Inj, iobenguane, I-123, dx) and 09249 (Inj, certolizumab pegol) with a SI = G have been added effective April 1, 2009.

### **APC SI Changes**

- APC 01236 and 01238 previously had SIs = K and now both have new SIs of G.

### **New HCPCS**

- HCPCS C9249, with a SI = G has been added effective April 1, 2009, with an APC of 09249.
- HCPCS K0739 and K0740 with SI = Y have been added effective April 1, 2009.
- HCPCS S3865, S3866, S3870 with SI = E have been added effective April 1, 2009.

### **Deleted HCPCS/Current Procedural Terminology (CPT) Procedure Codes**

- HCPCS S8190 has been deleted effective April 1, 2009.

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**HCPCS Changes to APC and/or SI**

- 18 E-codes from E0250 to E0310 were changed from SI=E to Si=Y effective July 1, 2006 (see Attachment B for the full list)
- HCPCS 0085T had an old APC of 00340 but was changed to APC 00000 with a new SI = E effective January 1, 2009.
- HCPCS 0529F, 0540F, 1170F, 3016F, 3455F, 3470F, 3471F, 3472F, 3475F, 3476F, 3570F, 4148F, 4149F, 4192F, 4193F, 4194F, 4195F, 4196F, 4267F were changed from SI= E to SI = M effective January 1, 2009.
- HCPCS 0575F, 4270F, 4271F, 4279F, 4280F were changed from SI= M to SI = E effective January 1, 2009.
- HCPCS J3300 had an old APC of 00000 but was changed to APC 01253 with a new SI = K effective January 1, 2009.
- HCPCS 90649 and 90716 were changed from SI= B to SI = M effective April 1, 2009.
- HCPCS C9247 had an old APC of 00000 but was changed to APC 09247 with a new SI = G effective April 1, 2009.
- HCPCS E0315 was changed from SI= E to SI = Y effective April 1, 2009.
- HCPCS E1340 was changed from SI= Y to SI = E effective April 1, 2009.
- HCPCS J0641 and J8705 were changed from SI= K to SI = G effective April 1, 2009.

**HCPCS Edit Changes**

- HCPCS 0193T was added to the list of Female Procedures effective January 1, 2009.

**HCPCS Termination Date Changes**

- HCPCS 0085T has a new Termination Date of December 7, 2008)

**Edit Assignments**

- HCPCS 27027, 27057, 35535, 35570, 35632, 35633, 35634, 49652, 49653, 49654, 49655, 49656, 49657, 50546, 64455, 64632, 65756 were added to the conditional bilateral list effective January 1, 2009.

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**Modifier Additions**

- Modifier K8 is a valid modifier effective April 1, 2009.

**Revenue Code Additions**

- Revenue Codes 0951 and 0952 are valid and have SI = E effective October 1, 2000.
- Revenue Code 0392 is valid and has SI = E effective April 1, 2007.

**CCI Edit Information**

- Version 15.0 of the National Correct Coding Initiatives has been implemented effective with this April 2009 version of the I/OCE.
- The following language was added to the specs: "In some instances, both codes in a CCI code pair may be allowed if an appropriate modifier is used that describes the circumstances when both services may be allowed. The code pairs that may be allowed with a modifier are identified with a modifier indicator of "1"; code pairs that are never allowed, whether or not a modifier is present, are identified with a modifier indicator of "0". (Modifiers that are recognized/used to describe allowable circumstances are: 25, 27, 58, 59, 78, 79, 91, E1-E4, F1-F9, FA, LC, LD, RC, RT, T1-T9, and TA).

**Additional Information**

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If you have questions, please contact your Medicare MAC, RHHI, or FI at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR6413) issued to your Medicare MAC, RHHI, or FI is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1700CP.pdf> on the CMS website.

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