

MLN Matters® Number: MM5617 **Revised**

Related Change Request (CR) #: 5617

Related CR Release Date: June 8, 2007

Effective Date: July 1, 2007

Related CR Transmittal #: R1264CP

Implementation Date: July 2, 2007

## July 2007 Integrated Outpatient Code Editor (I/OCE) Specifications

**Note:** This article was updated on September 10, 2012, to reflect current Web addresses. This article was also revised on June 14, 2007, to include another e-mail address in the "Additional Information" section for policy related questions about the Outpatient Prospective Payment System. All other information remains the same.

### Provider Types Affected

Providers who submit claims to Medicare contractors (Fiscal intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or regional home health intermediaries (RHHIs)) for outpatient services rendered to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 5617 which informs Medicare contractors that effective July 1, 2007 there will be an **integration of the non-Outpatient Prospective Payment System (Non-OPPS) OCE into the OPSS OCE**. This integration has resulted in the routing of all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. As a result of these changes specifications have been updated to ensure correct billing and payment of claims. Be sure your billing staff is **aware of the code changes in CR5617**.

### Background

This notification provides the Integrated OCE instructions and specifications that will be utilized under the OPSS and Non-OPPS for hospital outpatient departments, community mental health centers (CMHCs), and for all non-OPPS providers of outpatient services, and for limited services when provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

#### Disclaimer

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The IOCE has been updated with numerous additions, changes, and deletions to Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes and the Ambulatory Payment Codes (APCs) effective July 1, 2007. Rather than duplicate all the additions, deletions and changes in this article, the Centers for Medicare & Medicaid Services (CMS) directs you to CR5617, which contains two lengthy lists of these items. CR5617 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1264CP.pdf> on the CMS website. In addition to the HCPCS/CPT and APC changes, the key changes for the July 2007 update are in the following table:

### Summary of Modifications

Effective Date	Modification
7/1/07	Modify the software program to add the processing of claims from hospitals that are not subject to OPPS (bill types 12x, 13x, 14x, 83x and 85x), for dates of service beginning 7/1/07 (in addition to all other institutional outpatient providers).
7/1/07	Activate the OPPS/Non-OPPS flag in the OCE control block.
7/1/07	Assign ASC group number and apply specified edits (appendix F(b)) to claims from Non-OPPS hospitals (OPPS flag = 2).
7/1/07	Interface change – New, 1-byte field added to the claim return buffer for the Non-OPPS bill type flag. Flag to be assigned by the OCE based on the presence/absence of ASC procedures on Non-OPPS hospital claims.  Values: 1 = Bill type should be 83x 2 = Bill type should not be 83x
7/1/07	Make HCPCS/APC/SI changes as specified by CMS
	Implement version 13.1 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911).
	Add specified modifiers to the valid modifier list (KG, KK, KL, KT, KU, 1P, 2P, 3P, 8P)
	Update procedure/device edit requirements
7/1/07	Change the name of the software program from Outpatient Code Editor with Ambulatory Payment Classification (OCE/APC) to Integrated Outpatient Code Editor (IOCE). No change to version numbering or date ranges.

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Effective Date	Modification
7/1/07	Merge the Installation and User Manuals for the OPPTS OCE and the Non-OPPTS OCE into a single set of manuals for the Integrated OCE.

## Additional Information

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For complete details regarding this Change Request (CR) please see the official instruction (CR5617) issued to your Medicare carrier, FI, A/B MAC, or RHHI. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1264CP.pdf> on the CMS website.

If you have questions, please contact your Medicare Carrier, FI or A/B MAC, or RHHI at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website. For questions directly related to the I/OCE, you may send questions to the CMS OCE Integration email address at [CMSOCEIntegration@ees.hhs.gov](mailto:CMSOCEIntegration@ees.hhs.gov), or the OCE Web page at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the CMS website.

*For policy related questions, please contact the Division of Outpatient Care at [OutpatientPPS@cms.hhs.gov](mailto:OutpatientPPS@cms.hhs.gov).*

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