



News Flash - National Provider Identifier (NPI) News – During this testing and implementation phase for the NPI, providers should pay close attention to information from health plans and clearinghouses to understand how claims are being processed and what providers should be doing to assure no disruption in payment. Providers should also ensure that the information they are submitting on a claim is what is being transmitted to each health plan by the billing vendors or clearinghouses who may be submitting the claims on their behalf. Additional information can be found at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvidentStand/index.html> on the CMS website.

MLN Matters Number: MM5723

Related Change Request (CR) #: 5723

Related CR Release Date: September 21, 2007

Effective Date: October 1, 2007

Related CR Transmittal #: R1342CP

Implementation Date: October 1, 2007

Note: This article was updated on September 20, 2012, to reflect current Web addresses. All other information remains the same.

October 2007 Integrated Outpatient Code Editor (I/OCE) Specifications Version 8.3

Provider Types Affected

All providers who submit institutional outpatient claims (including non-OPPS hospitals) to Medicare Administrative Contractors (A/B MACs), fiscal intermediaries (FIs), or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

Impact on Providers

This article is based on Change Request (CR) 5723 and notifies providers that the I/OCE Specifications Version 8.3, is effective October 1, 2007. Claims with dates of service **prior to July 1, 2007** are routed through the non-integrated versions of the OCE software that **coincide with the versions in effect for the date of service on the claim.**

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Background

This article is based on Change Request (CR) 5723 and informs providers that the I/OCE routes all institutional outpatient claims (including non-outpatient prospective payment system hospital claims) through a single integrated OCE eliminating the need to update, install, and maintain two separate OCE software packages on a quarterly basis. **This integration does not change the current logic that is applied to outpatient bill types that already pass through the outpatient prospective payment system (OPPS) OCE software.** It expands the software usage to include non-OPPS hospitals.

There are numerous changes/additions/deletions to diagnosis codes, Ambulatory Payment Classification (APC) codes, and Health Care Common Procedure Codes (HCPCS) in the October, 2007, the changes will not be detailed in this article. Instead, please see CR5723 for those details. CR5723 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1342CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

The key changes for the October 2007 I/OCE are as follows: (Some I/OCE modifications in the release may also be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.)

Effective Date	Modification
01/01/06	Modify the program logic to return edit 47 for codes that have SI changed from Q to N, if there is no other service on the claim (e.g., if G0378 is the only code reported on a claim).
10/1/07	Modify the program to exclude bill type 12x from edits 71 and 77.
7/1/07	Modify the program to assign ASC group numbers only on claims from Non-OPPS hospitals (OPPS flag = 2) with bill type 83x, and only in the PC program/interface.
	Make HCPCS/APC/SI changes as specified by CMS
	Implement version 13.2 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911).
10/1/07	Update the valid diagnosis code lists with ICD-9-CM changes
10/1/07	Update diagnosis/age and diagnosis/sex conflict edits with MCE changes
4/1/07	Remove codes 0599, 0709, 0749, 0759, 0779, 0789 & 0799 from the list of valid revenue codes
10/1/07	Remove code 0719 from the list of valid revenue codes.

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Readers should also read through the specifications attached to CR5723 and note the highlighted sections, which also indicate change from the prior release of the software.

Additional Information

For complete details regarding CR5723, please see the official instruction (CR5723) issued to your Medicare A/B MAC, RHHI, or FI. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1342CP.pdf> on the CMS website.

If you have questions, please contact your Medicare A/B MAC, RHHI, or FI 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.

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