



News Flash – The Centers for Medicare & Medicaid Services (CMS) is working hard to expeditiously implement the Affordable Care Act (ACA). The law's Medicare fee-for-service provisions have varying effective dates and CMS' first priority is to address provisions with the earliest effective dates. CMS is committed to assuring Medicare providers are well informed as early as possible. For that reason, CMS is urging you to be on the alert for notices and instructions from CMS and from your Medicare fiscal intermediary, carrier, or Medicare Administrative Contractor, on forthcoming policy and operational changes as we implement the ACA.

MLN Matters® Number: MM6967 **Revised**

Related Change Request (CR) #: 6967

Related CR Release Date: June 4, 2010

Effective Date: July 1, 2010

Related CR Transmittal #: R1982CP

Implementation Date: July 6, 2010

July 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.2

Note: This article was updated on December 6, 2012, to reflect current Web addresses. This article was previously revised on June 7, 2010, to reflect the revised CR 6967 that was issued on June 4. To reflect the CR changes in this article, the descriptions for HCPCS 90664, 90666, 90667, 90668, and 90670 on page 4 were revised. Also, the CR release date, transmittal number, and the Web address for accessing CR 6967 were revised. All other information remains the same.

Provider Types Affected

This article is for 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 and paid under the Outpatient Prospective Payment System (OPPS) and for outpatient claims from any non-OPPS provider not paid under the OPPS, and for claims for limited services when provided in a home health agency (HHA) not under the Home Health Prospective Payment System (HHPPS) or claims for services to a hospice patient for the treatment of a non-terminal illness.

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Provider Action Needed

This article is based on Change Request (CR) 6967, which describes changes to the I/OCE and OPSS to be implemented in the July 2010 OPSS and I/OCE updates. Be sure billing staffs are aware of these changes.

Background

CR 6967 describes changes to billing instructions for various payment policies implemented in the July 2010 OPSS update. The July 2010 Integrated Outpatient Code Editor (I/OCE) changes are also discussed in CR 6967.

Note: The full list of I/OCE specifications can now be found at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

A summary of the changes for July 2010 is within Appendix M of Attachment A of CR 6967 and that summary is captured in the following key points.

Key Points of CR 6967 Based on Appendix M of the I/OCE Specifications

- Effective October 1, 2003, Medicare will delete edit 59.
- Effective January 1, 2008, Medicare will apply modified edit 74 to Type of Bill (TOB) 85x with Revenue Codes 96x, 97x, or 98x.
- Effective March 23, 2010, Medicare will apply a mid-quarter date and associated edit to codes as necessary.
- Effective July 1, 2010, Medicare will:
 - Modify the I/OCE interface for Health Insurance Portability and Accountability Act of 1996 (HIPAA) 5010 to: a) Increase the number of diagnosis codes up to 28, and the field size to 8 bytes, input & output; b) Increase the number of condition codes up to 11; and c) Add a new 1-byte field for Code Type indicator;
 - Make Healthcare Common Procedure Coding System/Ambulatory Payment Class/Status Indicator (HCPCS/APC/SI) changes (data change files);
 - Implement version 16.1 of the National Correct Coding Initiative (NCCI) (as modified for applicable institutional providers) (Edits 19, 20, 39 and 40 are affected); and
 - Create 508-compliant versions of the Specifications & Summary of Data Changes documents for publication on the CMS website.

Additional Changes

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The following Ambulatory Payment Classification (APC) was added to the I/OCE, effective 04-01-10

APC	APC Description	Status Indicator
01310	Pneumococcal vacc, 13 val im	K

The following APC(s) were added to the I/OCE, effective 07-01-10

APC	APC Description	Status Indicator
09264	Tocilizumab injection	G
09265	Romidepsin injection	G
09266	Collagenase clostridium histo	G
09267	Injection, Wilate	G
09268	Capsaicin patch	G
09367	Endoform Dermal Template	G

The following APC had description changes, effective 07-01-10

APC	Old Description	New Description
09262	Fludarabine phosphate, oral	Oral Fludarabine phosphate

The following new HCPCS/CPT code(s) were added to the I/OCE, effective 01-01-10

HCPCS	Code Description	SI	APC	Edit	Active Date
C9800	Dermal filler inj px/suppl	T	00135	55	20100323
G0429	Dermal filler injection(s)	B	00000	62	20100323
Q2026	Radiesse injection	B	00000	62	20100323
Q2027	Sculptra injection	B	00000	62	20100323

The following new HCPCS/CPT code was added to the I/OCE, effective 04-01-10

HCPCS	Code Description	SI	APC	Edit
G0428	Collagen Meniscus Implant	E	00000	9

The following new HCPCS/CPT code(s) were added to the I/OCE, effective 07-01-10

HCPCS	Code Description	SI	APC	Edit
0223T	Acoustic/electr cardgrphy	S	00099	
0224T	Acstic/elec cardgrphy av/vv	S	00690	
0225T	Acstic/elec cardgrphy av+vv	S	00690	
0226T	Anosc high resol dx +-coll	X	00340	
0227T	Anosc high resol dx w/bx	T	00146	
0228T	US tfrml edrl inj crv/t 1lvl	T	00207	
0229T	US tfrml edrl inj crv/t +lvl	T	00206	
0230T	US tfrml edrl inj l/s 1lvl	T	00207	

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HCPSCS	Code Description	SI	APC	Edit
0231T	US tfrml edrl inj l/s +lvl	T	00206	
0232T	Inj plsm img guid hrvrst&prep	X	00340	
0233T	Skn age meas spctrscopy	A	00000	
90664	Flu vacc pandemic live nasal	E	00000	28
90666	Flu vacc pandemic no prsv im	E	00000	28
90667	Flu vacc pandemic adj im	E	00000	28
90668	Flu vacc pandemic split v im	E	00000	28
C9264	Tocilizumab injection	G	09264	55
C9265	Romidepsin injection	G	09265	55
C9266	Collagenase clostridium histo	G	09266	55
C9267	Injection, Wilate	G	09267	55
C9268	Capsaicin patch	G	09268	55
C9367	Endoform Dermal Template	G	09367	55
Q2025	Oral Fludarabine phosphate	G	09262	?

The following HCPSCS/CPT code was deleted from the I/OCE, effective 07-01-10

HCPSCS	Code Description
C9262	Fludarabine phosphate, oral

The following code descriptions were changed, effective 07-01-10

HCPSCS	Old Description	New Description
K0669	Seat/back cus no sadmerc ver	Seat/back cus no dmepdac ver
K0899	Pow mobil dev no SADMERC	Pow mobil dev no dme pdac

The following code had an APC and/or SI and/or Edit change, effective 04-01-10

HCPSCS	Code Description	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90670	Pneumococcal vacc, 13 val im	00000	01310	E	K	9	N/A

The following codes were added to Edit 68 effective 01-01-10

HCPSCS	Edit#	ActivDate	TermDate
C9800	68	20100323	0
G0429	68	20100323	0
Q2026	68	20100323	0
Q2027	68	20100323	0

Additional Information

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If you have questions, please contact your Medicare MAC 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 Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR6967) issued to your Medicare MAC and/or FI is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1982CP.pdf> on the CMS website.

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