



News Flash – Providers, suppliers, physicians, and non-physician practitioners: Want more control over enrollment information? Internet-based PECOS does that. Learn more at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

MLN Matters® Number: MM7111

Related Change Request (CR) #: 7111

Related CR Release Date: September 3, 2010

Effective Date: October 1, 2010

Related CR Transmittal #: R2042CP

Implementation Date: October 4, 2010

Note: This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

October 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.3

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 for claims for limited services when provided in a home health agency not under the Home Health Prospective Payment System or claims for services to a hospice patient for the treatment of a non-terminal illness.

Provider Action Needed

This article is based on Change Request (CR) 7111, which describes changes to the I/OCE and Outpatient Prospective Payment System (OPPS) to be implemented in the October 2010 OPPS and I/OCE updates. Be sure your billing staff is aware of these changes.

Background

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2009 American Medical Association.

CR 7111 describes changes to billing instructions for various payment policies implemented in the October 2010 OPPS update. The October 2010 Integrated Outpatient Code Editor (I/OCE) changes are also discussed in CR 7111.

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

A summary of the changes for October 2010 is within Appendix M of Attachment A of CR 7111 and that summary is captured in the following key points:

- Effective December 23, 2009, Medicare will apply a mid-quarter Food and Drug Administration approval date to code 90662. Edit 67 is affected.
- Effective October 1, 2010, Medicare will:
 - Bypass edit 9 for code G0428 (code has SI = E). Edit 9 is affected;
 - Make HCPCS/APC/SI changes (data change files); (See the attachment to CR 7111 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2042CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website for a complete list of these code updates.)
 - Update the valid diagnoses code list with ICD-9-CM changes. Edit 1 is affected;
 - Update diagnosis/age and diagnosis/sex conflict edits with Medicare Code Editor (MCE) changes. Edits 2 and 3 are affected;
 - Implement version 16.2 of the National Correct Coding Initiative (NCCI) (as modified for applicable institutional providers). Edits 19, 20, 39 and 40 are affected; and
- The following Ambulatory Payment Classifications (APC(s)) were added to the I/OCE, effective October 1, 2010;

APC	APC Description	Status Indicator
01749	Endo, colon,retro imaging	H
09269	C-1 esterase, berinert	G
09270	Gammaplex IVIG	G
09271	Velaglucerase alfa	G
09272	Inj, denosumab	G
09273	Sipuleucel-T, per fusion	G

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- APC 01310 is deleted from the I/OCE effective April 1, 2010;
- Added new diagnosis code 31535 to the list of mental health (MH) diagnoses used for partial hospitalization, effective October 1, 2010;
- Effective June 3, 2010, added new codes C8931, C8932, C8934, C8935, and C8936 with mid-quarter National Coverage Determination (NCD) approval;
- Effective August 26, 2010, apply NCD approval date for C9801 and C9802; and
- Apply approval date of June 3, 2010, to codes 72159 and 73225;

Additional Information

The official instruction, CR 7111 issued to your MAC, RHHI or FI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2042CP.pdf> on the CMS website.

If you have any questions, please contact your 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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