

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash -- Recently, Attorney General Eric Holder and HHS Secretary Kathleen Sebelius released a new report showing that the government's healthcare fraud prevention and enforcement efforts recovered nearly \$4.1 billion in taxpayer dollars in FY2011. This is the highest annual amount ever recovered from individuals and companies who attempted to defraud seniors and taxpayers or who sought payments to which they were not entitled. The recently-enacted Affordable Care Act provides additional tools and resources to help fight fraud that will help boost these efforts. The annual Health Care Fraud and Abuse Control Program (HCFAC) report can be found at <http://oig.HHS.gov/publications/hcfac.asp> on the Internet. More information on the fraud prevention accomplishments under the Affordable Care Act can be found at <http://www.Healthcare.gov/news/factsheets/2012/02/medicare-fraud02142012a.html> on the Internet.

MLN Matters® Number: MM7751

Related Change Request (CR) #: 7751

Related CR Release Date: March 9, 2012

Effective Date: April 1, 2012

Related CR Transmittal #: R2423CP

Implementation Date: April 2, 2012

April 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.1

Provider Types Affected

This MLN Matters® Article is intended for providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and A/B Medicare Administrative Contractors (MACs)) 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, 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) 7751, which describes changes to the Integrated Outpatient Code Editor (I/OCE) and OPPS to be implemented in the April 2012 OPPS and I/OCE updates. Be sure your billing staff is aware of these changes.

Background

CR7751 describes changes to billing instructions for various payment policies implemented in the April 2012 OPPS update. The April 2012 Integrated Outpatient Code Editor (I/OCE) changes are also discussed in CR7751. The full list of I/OCE specifications can now be found at <http://www.cms.gov/OutpatientCodeEdit/> on the Centers for Medicare & Medicaid Services (CMS) website. There are also numerous additions, deletions, and changes to certain Ambulatory Payment Classification (APC) codes, Status Indicators (SIs), and Healthcare Common Procedure Coding System (HCPCS) codes. These are listed in the "Summary of Changes" attached to CR7751. The Web address of CR7751 is available in the "Additional Information" section of this article.

Key Points of CR7751 Based on Appendix M of the I/OCE Specifications

In addition to the routine APC and HCPCS code updates, the following key changes will be made in the April 2012 release of the I/OCE:

- **Effective July 1, 2005**, Medicare will add diagnosis codes 29189 & 29384 to the list of Mental Health (MH) diagnosis codes used for the Partial Hospitalization Program (PHP). Edit 29 is affected.
- **Effective October 1, 2005**, Medicare will add diagnosis codes 32702, 32715, 32742, and 32743 to the list of MH diagnosis codes used for PHP. Edit 29 is affected.
- **Effective January 1, 2012**, Medicare will update the procedure/device edit requirements by removing C1882 as a required device for procedure 33249. Edit 71 is affected.
- **Effective April 1, 2012**, Medicare will implement logic to package a specified list of skin substitute grafts when not submitted with the associated graft application procedure code (list of codes): Criteria - For the specified skin grafts, the I/OCE will change the standard SI/APC to N/APC=0 if one of the required skin substitute graft application procedures is not present on the same date of service.
- **Effective April 1, 2012**, delete modifiers V8 & V9 from the list of valid modifiers. Edit 22 is affected.
- **Effective April 1, 2012**, implement version 18.1 of the NCCI (as modified for applicable institutional providers). Edits 19, 20, 39, and 40 are affected. [To bring NCCI version current with I/OCE version; effective date of NCCI = I/OCE version date].
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Additional Information

The official instruction, CR7751 issued to your FI, RHHI, and A/B MAC regarding this change may be viewed at <http://www.cms.gov/transmittals/downloads/R2423CP.pdf> on the CMS website.

If you have any questions, please contact your FI, RHHI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - It's Not too Late to Give and Get the Flu Vaccine. Take advantage of each office visit and protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) also recommends that patients, healthcare workers and caregivers be vaccinated against the seasonal flu. **Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu.** Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is **NOT** a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit [2011-2012 Provider Seasonal Flu Resources](#) and [Immunizations](#). For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp on the Centers for Medicare & Medicaid Services (CMS) website.

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