

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



#### News Flash

CMS has instructed its contractors to delay turning on Phase 2 denial edits on the following claims to check for a valid individual National Provider Identifier (NPI) and to deny the claim when this information is missing:

- Medicare Part B **laboratory and imaging** claims and Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) claims that require an ordering or referring physician/non-physician provider; and
- Part A Home Health Agency (HHA) claims that require an attending physician provider.

CMS will advise you of the new implementation date in the near future. In the interim, informational messages will continue to be sent for those claims that would have been denied had the edits been in place. See [MLN Matters® Article SE1305](#) for more information.

MLN Matters® Number: MM8242 **Revised**

Related Change Request (CR) #: CR 8242

Related CR Release Date: March 8, 2013

Effective Date: April 1, 2013

Related CR Transmittal #: R2667CP

Implementation Date: April 1, 2013

### **April 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.1**

**Note:** This article was revised on April 30, 2013, to revise the news flash (above) to show the Phase 2 edits are delayed. All other information remains the same.

#### **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

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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

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This article is based on Change Request (CR) 8242, which describes changes to the I/OCE and OPPTS to be implemented in the April 2013 OPPTS and Integrated Outpatient Code Editor (I/OCE) updates. Be sure your billing staff is aware of these changes.

## Background

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The I/OCE routes all institutional outpatient claims (which includes non-OPPTS hospital claims) through a single integrated OCE, eliminating the need to update, install, and maintain two separate OCE software packages on a quarterly basis. 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. There is a summary of the changes for April 2013 in Appendix M of Attachment A of CR8242 and that summary is captured in the following key points.

Effective April 1, 2013, (except as noted below) Medicare will:

- Clarify the criteria for assignment of the electrophysiology/ablation composite Ambulatory Payment Classification (APC): If there is one or more codes from group C present with one or more codes from either group A or group B; assign the composite APC to the group C code and assign the standard APC and related SI to any separate group A or group B codes present. **Effective January 1, 2013.**
- Correct the logic to apply edit 84 to psychiatric add-on codes only on Partial Hospitalization Program (PHP) claims (Type of Bill (TOB) 13x w/CC41 or 76x): Ignore psychiatric add-on codes on non-PHP claims; do not apply edit 84; do not check for related primary codes. **Effective January 1, 2013.**
- Implement mid-quarter National Coverage Determination (NCD) non-coverage for code L0430. Edit 83 is affected. **Effective November 17, 2012.**
- Implement mid-quarter Food and Drug Administration (FDA) approval date for code 90661. Edit 67 is affected. **Effective November 20, 2012.**
- Make HCPCS/APC/Status Indicator (SI) changes as specified by CMS (data change files). **Effective January 1, 2013.**
- Implement version 19.1 of the National Correct Coding Initiative (NCCI) (as modified for applicable institutional providers). [All edits combined in a single file, in code1/code2 format; mutually exclusive pairs no longer differentiated]. Edits 20 and 40 are affected.
- Update procedure/device & device/procedure edit requirements. Edits 71 and 77 are affected. **Effective January 1, 2013.**

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- Delete all genetic testing modifiers from the valid modifier list, **retroactive to January 1, 2013**. Edit 22 is affected.
- Update the skin substitute list; delete C9367 **retroactive to January 1, 2013**.
- Correct table 4 to display the correct initial versions for deactivated edits 63 and 64 (v1.0 – v13.3).
- Update the skin substitute list to delete Q4129 and to add Q4127.

### Additional Information

The official instruction, CR 8242 issued to your FI, RHHI, and A/B MAC regarding this change, may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2667CP.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/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

#### Flu Activity Continues: Prompt Antiviral Treatment is Crucial for Seniors Sick with Flu

This season, flu activity started early and has placed a significant burden on people 65 years of age and older. In fact, so far this season, CDC has reported nearly four times more hospitalizations among people 65 and older than occurred during the entire 2011-2012 season. The CDC recommends that vaccination efforts continue as long as influenza viruses are circulating. People 65 years of age and older, as well as their close contacts and caregivers, should be vaccinated; and should seek medical treatment with antiviral drugs as soon as symptoms appear in order to reduce serious complications from flu infection, including hospitalizations, intensive care unit (ICU) admissions and deaths.

Note: Influenza vaccine and its administration is a Medicare Part B covered benefit. Influenza vaccines are NOT Part D-covered drugs.

#### *For More Information:*

- 2012-2013 [Seasonal Influenza Vaccines Pricing](#) list.
- [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season".
- Visit the [CMS Medicare Learning Network® 2012-2013 Seasonal Influenza Virus Educational Products and Resources](#) and [CMS Immunizations](#) web pages for information on coverage and billing of the flu vaccines and their administration fees.
- [HealthMap Vaccine Finder](#) is a free, online service where users can find locations offering flu vaccines as well as other vaccines for adults.
- [CDC](#) website offers a variety of provider resources for the 2012-2013 flu season.
- CDC article [Seniors among Groups Hardest Hit by Flu this Season](#).

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