

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



Revised products from the Medicare Learning Network® (MLN)

- ["Medicare-Covered Services Furnished Outside the United States,"](#) Fact Sheet, ICN 908605, Downloadable only.

MLN Matters® Number: MM8317 **Revised**

Related Change Request (CR) #: CR 8317

Related CR Release Date: June 12, 2013

Effective Date: July 1, 2013

Related CR Transmittal #: R2724CP

Implementation Date: July 1, 2013

## **July 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.2**

**Note:** This article was revised on June 13, 2013, to reflect a revised CR8317 issued on June 12. The article is revised to align the "Key Points" section with the revised Appendix M of CR8317. Also, the CR release date, transmittal number, and the Web address for accessing the CR were revised. 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 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.

#### **Disclaimer**

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## Provider Action Needed

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This article is based on Change Request (CR) 8317, which describes changes to the I/OCE and OPSS to be implemented in the July 2013 OPSS and I/OCE updates. Be sure your billing staff is aware of these changes.

See the Background and Additional Information Sections of this article for further details regarding these changes.

## Background

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The I/OCE routes all institutional outpatient claims (which includes non-OPSS 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 July 2013 in Appendix M of Attachment A of CR8317 and that summary is captured in the following key points.

## Key Points of CR8317

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- Effective August 2, 2012, Medicare will implement mid-quarter NCD approval coverage for code G0460. Edit 68 is affected.
- Effective July 1, 2013, Medicare will make HCPCS/APC/SI changes as specified by CMS (data change files).
- Effective July 1, 2013, Medicare will update the skin substitute product list.
- Effective July 1, 2013, Medicare will implement Version 19.2 of the NCCI (as modified for applicable institutional providers). Edits 20 and 40 are affected.
- Effective January 1, 2013, Medicare will update procedure/device edit requirement. Edit 71 is affected.
- Effective July 1, 2013, Medicare will add new modifier JE (Administered Via Dialysate) to the list of valid modifiers. Edit 22 is affected.

## Additional Information

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The official instruction, CR 8317 issued to your FI, RHHI and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2724CP.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.

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