

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



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- [“Advance Payment Accountable Care Organization”](#) Fact Sheet, ICN 907403, downloadable

MLN Matters® Number: MM8764

Related Change Request (CR) #: CR 8764

Related CR Release Date: May 16, 2014

Effective Date: July 1, 2014

Related CR Transmittal #: R2957CP

Implementation Date: July 7, 2014

## July 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.2

### Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including the Home Health and Hospice 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 (HH PPS) 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) 8764 which informs MACs about the changes to the I/OCE instructions and specifications for the I/OCE that is used under the OPPS and Non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a Home Health Agency (HHA) not under the Home Health Prospective Payment System (HH PPS) or to a hospice patient

#### Disclaimer

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for the treatment of a non-terminal illness. Make sure your billing staffs are aware of these changes.

## Background

This instruction informs the MACs that the I/OCE is being updated for July 1, 2014. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE, which eliminates the need to update, install, and maintain two separate OCE software packages on a quarterly basis. The full list of I/OCE specifications is available at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the Centers for Medicare & Medicaid Services (CMS) website. The summary of key changes for providers is in the following table:

Effective Date	Modification
10/1/2014	Modify the effective begin date for edit 86 from 10/1/2013 to 10/1/2014, to be applied for claims with hospice bill types, 81X and 82X.
1/1/2014	Modify the logic for packaged laboratory services. If packaged laboratory services are submitted on a 13X bill type with modifier L1, change the Status Indicator (SI) from N to A.
7/1/2014	Make Healthcare Common Procedure Coding System (HCPCS)/Ambulatory Payment Classification (APC)/SI changes as specified by CMS (data change files).
7/1/2014	Implement version <b>20.2</b> of the NCCI (as modified for applicable institutional providers).
1/1/2014	Add new modifier L1 (Separately payable lab test) to the valid modifier list.
7/1/2014	Add new modifier SZ (Habilitative services) to the valid modifier list.
1/1/2014	Updated documentation in Appendix F(a) and Appendix L to include bill type 13x for laboratory services reported with modifier L1.
7/1/2014	Documentation change only: modified Appendix N, List B (PHP Services) to note the add-on codes in a separate list as part of "PHP List C", referred to in Appendix C-a (Partial Hospitalization Logic effective v10.0).

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## Additional Information

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The official instruction, CR8764 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2957CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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