

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



National Nutrition Month - The Centers for Medicare & Medicaid Services reminds health care professionals that March is National Nutrition Month® - a time to “Bite into a Healthy Lifestyle” with informed food choices now and throughout the year. Medicare provides coverage for a variety of nutrition-related health services that can help eligible beneficiaries reach their nutrition and dietary goals. Read more to learn about nutrition-related health services covered by Medicare.

MLN Matters® Number: MM9107

Related Change Request (CR) #: CR 9107

Related CR Release Date: March 13, 2015

Effective Date: April 1, 2015

Related CR Transmittal #: R3218CP

Implementation Date: April 6, 2015

April 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.1

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers submitting claims to 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 (HH PPS) or claims for services to a hospice patient for the treatment of a non-terminal illness.

Provider Action Needed

Change Request (CR) 9107 informs the MACs that the I/OCE was updated for April 1, 2015. Make sure that your billing staffs are aware of these changes.

Disclaimer

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Background

CR9107 informs the MACs, including the Home Health & Hospice (HH&H) MACs, and the maintainer of the Fiscal Intermediary Shared System (FISS) of the updates to the I/OCE for April 1, 2015. 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 can now be found at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

The modifications of the IOCE for the April 2015 release (V16.1) are summarized in the table below. Readers should also read through the entire CR9107 document and note the highlighted sections, which also indicate changes from the prior release of the software.

Some I/OCE modifications in the update may be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

Effective Date	Edits Affected	Modification
10/1/2015	1-5, 29, 86	Update the I/OCE program to include preliminary ICD-10-CM diagnosis code content for testing purposes only, for test claims with From Dates on or after 10/1/2015.
10/1/2015		Use the claim From Date is used to determine which diagnosis code set is applied - Claims with From Dates prior to 10/1/2015 use ICD-9-CM diagnosis codes and Claims with From Dates on or after 10/1/2015 use ICD-10-CM diagnosis codes
10/1/2015	5	Modify the edit criteria to trigger on a specified range of ICD-10-CM diagnosis codes for claims with From Dates on or after 10/1/2015 - ICD-10-CM: Any code in the range V00 thru Y99 is principal diagnosis.
4/1/2015	5	Modify the description for edit 5 when returned for claims containing either ICD-9-CM or ICD-10-CM diagnosis codes (claims with From Dates on or after 10/1/2015 for ICD-10-CM diagnosis codes) - External cause of morbidity code cannot be used as principal diagnosis.

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Effective Date	Edits Affected	Modification
1/1/2015		<p>Update comprehensive Ambulatory Payment Classification (APC) program logic as follows:</p> <ul style="list-style-type: none"> • Modify program logic to reduce the service units to 1 for primary comprehensive APC procedure line with Status Indicator (SI) = J1 when service units are >1; assign Payment Adjustment flag 11 with updated description reflecting action; • Update Appendix L (CR9107) to provide clarification supporting complexity adjustments; • Update flowchart in Appendix L; and • Add documentation for processing of comprehensive APC procedures when present with payable inpatient procedures with modifier CA and patient status 20 (see item #24 page 10, and Appendix L, step #1).
1/1/2015		Modify the description for Payment Adjustment flag 11 (See Table 7 and Appendix G of CR9107).
4/1/2015		Assign Payment Adjustment flag 11 to composite APC lines where multiple service units passed in have been reduced to one by IOCE program logic (for APCs 34, 172, 173, 175, 176 and 8001, 8004-8009); update flowcharts in Appendix C and Appendix K.
1/1/2014	57	Correct the logic for edit 57 to return on claims for Extended Assessment and Management (EAM) composite APC when G0378 is present with a 1/1 service date. Update the flowcharts in Appendix K for EAM Composite and Direct Referral Composite to include reference to edit 57.
8/13/2013	71, 77	Update the code pair content for device/procedure and procedure/device editing associated with edits 71 and 77 retroactively to the earliest version of the IOCE to remove specific code pairs prior to an National Coverage Determination (NCD) approval date of 8/13/2013 for single chamber and dual chamber permanent cardiac pacemakers; add program logic to the IOCE to capture mid-quarter period of 7/1/2013 to 8/12/2013 to remove specified code pairs from editing for 71 and 77.
2/1/2015	67	Implement mid-quarter approval for codes 90620 and 90621.

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Effective Date	Edits Affected	Modification
4/1/2015	87	Updates to the skin substitute product list (Appendix P, List E).
4/1/2015	84	Update Federally Qualified Health Center (FQHC) PPS logic to deactivate edit 84 for claims with bill type 77x; update Appendix F(a) to note deactivation of edit 84 for FQHC PPS bill type 77x (row 18).
4/1/2015		Update the FQHC PPS flowchart in Appendix M to reflect the deactivation of edit 84.
4/1/2015		Update qualifying code pair list for FQHC PPS in Appendix M.
1/1/2015		Update Preventive Services list (Appendix P, List C) to add G0473 to the Deductible/Coinsurance N/A list.
4/1/2015	22	Add modifiers EX and JF to the valid modifier list.
4/1/2015		Make HCPCS/APC/SI changes as specified by CMS (data change files).
4/1/2015	20, 40	Implement version 21.1 of the NCCI (as modified for applicable institutional providers).

Additional Information

The official instruction, CR9107 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3218CP.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-Net/work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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