

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



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Related Change Request (CR) #: CR 9190

Related CR Release Date: May 22, 2015

Effective Date: July 1, 2015

Related CR Transmittal #: R3264CP

Implementation Date: July 6, 2015

## July 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.2

### Provider Types Affected

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This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Home Health Intermediaries (RHHIs) and Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### Provider Action Needed

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This article is based on Change Request (CR) 9190 which informs MACs about the changes to the I/OCE instructions and specifications for the I/OCE that will be utilized 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 not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2014 American Medical Association.

## Background

CR9190 announces that the I/OCE is being updated for July 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. There is a summary of the changes for July 2015 in Appendix O of Attachment A of CR9190 and that summary is captured in the following key points.

## Key Points

The modifications of the IOCE for the July 2015 release (V16.2) are summarized in the table below. Some IOCE modifications in the update may be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

Effective Date	Edits Affected	Modification
7/1/2015	88, 89	Update Appendix M (FQHC) to note edits 88 and 89 are bypassed for FQHC PPS claims when Telehealth originating site services HCPCS code Q3014 is reported and there is no FQHC payment code or qualifying visit code present.
7/1/2015		Assign Payment Adjustment Flag 11 (Appendix G of Attachment A of CR9190) when the OCE reduces service units to one for the following: <ul style="list-style-type: none"> <li>- Conditionally packaged HCPCS codes (SI = Q1, Q2) that have final Status Indicator (SI) change to S, T or V (see OPPS special processing conditions, page 8)</li> <li>- FQHC payment HCPCS codes (see Appendix M)</li> </ul>
1/1/2015	38	Update the edit logic for edit 38 to include criteria for comprehensive APC procedures codes with SI = J1: <ul style="list-style-type: none"> <li>- There is a code with status indicator H or U present, but no type S, T, or <b>J1</b> procedures are present on the same claim.</li> </ul>
3/6/2015	67	Implement mid-quarter approval for HCPCS Q5101.
1/1/2015	92	Updates to the device list (see Summary of Data Changes).

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<b>Effective Date</b>	<b>Edits Affected</b>	<b>Modification</b>
1/1/2015		Update packaged laboratory services list (see Summary of Data changes).
1/1/2015		Revise the code effective begin date for HCPCS code G0276 and remove the previous mid-quarter edit requirement for edit 68.
1/1/2015		Updates to the complexity-adjusted code pairs for comprehensive ambulatory payment classifications (APCs) (see Summary of Changes).
7/1/2015		Make HCPCS/APC/SI changes as specified by CMS (data change files).
7/1/2015	20, 40	Implement version <b>21.2</b> of the NCCI (as modified for applicable institutional providers).
7/1/2015		Update the IOCE PC product User and Installation Manual for notification of supported Windows versions.
7/1/2015		Update the Federally Qualified Health Center (FQHC) processing information (pages 10-11) for clarification purposes only as there are no new logic changes.
7/1/2015		The IOCE specification document is updated for minor, general formatting changes made to tables and footnotes throughout the document.

### Additional Information

The official instruction, CR 9190 issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3264CP.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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