



MLN Matters



Information for Medicare Fee-for-Service Health Care Professionals

MLN Matters Number: MM6186 **Revised**

Related Change Request (CR) #: 6186

Related CR Release Date: September 8, 2008

Effective Date: October 1, 2008

Related CR Transmittal #: R1590CP

Implementation Date: October 6, 2008

October 2008 Integrated Outpatient Code Editor (I/OCE) Specifications Version 9.3

Note: This article was revised on February 15, 2018, to update Web addresses. All other information remains the same.

Provider Types Affected

All providers who submit institutional outpatient claims (including non-outpatient prospective payment system (non-OPPS) hospitals) to Medicare Administrative Contractors (A/B MACs), fiscal intermediaries (FIs), or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6186 which notifies FIs, RHHIs, and A/B MACs of changes, additions, and deletions of ambulatory Payment Classification (APC) codes, Health Care Common Procedure System Codes (HCPCS) and diagnosis codes to ensure correct billing and processing of claims that are routed through the I/OCE. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

CR 6186 informs Medicare contractors and providers that the Integrated OCR (I/OCE) will be updated for October 1, 2008. 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. Claims with dates of service prior to July 1, 2007, are routed through

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the non-integrated versions of the OCE software (OPPS and non-OPPS OCEs) that coincide with the versions in effect for the date of service on the claim.

The integration did not change the logic that is applied to outpatient bill types that previously passed through the OPPS OCE software. It merely expanded the software usage to include non-OPPS hospitals.

CR 6186 provides the Integrated 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 (CMHCs), and for all non-OPPS providers, and for limited services when provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The I/OCE instructions are attached to CR 6186 and will also be posted to <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

There are numerous changes/additions/deletions to diagnosis codes, APC codes, and HCPCS codes in October 2008. All of the changes will not be detailed in this article. Instead, please see CR 6186 for those details. CR 6186 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1590CP.pdf> on the CMS website. The key changes for the October 2008 I/OCE (V9.3) are summarized as follows:

Effective Date	Modification
8/1/00	Modify the software to restore all (4) previously purged versions of programs & codes in each release. The earliest version date included in the October 2008 release will be 8/1/2000. [Removal of older versions will be restarted in '09].
10/1/08	New edit 79 – Incorrect billing of revenue code with HCPCS code (RTP). Criteria: Revenue code 381 with HCPCS other than packed red cells (P9016, P9021, P9022, P9038, P9039, P9040, P9051, P9054, P9057, P9058). Or Revenue code 382 with HCPCS other than whole blood (P9010, P9051, P9054, P9056.)

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Effective Date	Modification
10/1/08	Change the disposition for edit 21 to claim returned to provider (RTP) Note: The IOCE change to RTP means this claim will no longer trigger an initial determination. The provider should validate the medical documentation and correct the bill as appropriate.
10/1/08	Change the disposition for edits 67, 68 and 69 to Line item denial (LID) Note: The IOCE change to LID is for no medical necessity and the provider is held liable if billed as covered. If the notice of noncoverage was provided to the patient prior to the service being rendered, then the provider should bill the services as noncovered and affix liability with the GA or GZ modifier as appropriate.
10/1/08	Modify appendix D to apply bilateral procedure discounting with modifier 50 only to type “T” procedures that are on the conditional bilateral list.
1/1/08	New edit 80 – Mental health code not approved for partial hospitalization (RTP) Criteria: Mental health HCPCS codes that are not approved for partial hospital program submitted on TOB 13x and Condition Code 41 (list of codes).
	Make HCPCS/APC/SI changes as specified by CMS in CR6186.
	Implement version 14.2 of the NCCI file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911).
10/1/08	Update the valid diagnosis code list with ICD-9-CM changes
10/1/08	Update diagnosis/age and diagnosis/sex conflict edits with MCE changes
1/1/08	Change bilateral indicator for CPT code 76645 to ‘3’ (Independent bilateral)
1/1/08	Update radiopharmaceutical edit requirements
	Create a 508 Compliant version of the document– for publication on CMS website

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Affected providers should also read through the specifications attached to CR 6186 and note the yellow highlighted sections, which indicate change from the prior release of the I/OCE software.

Additional Information

The official instruction, CR 6186, 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/R1590CP.pdf>.

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>.

Document History

- September 9, 2008 – Initial article released.
- February 15, 2018 – The article is revised to update Web addresses. All other information remains the same.

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