



News Flash - The fifth annual national administration of the Medicare Contractor Provider Satisfaction Survey (MCPSS) is now underway. If you received a letter indicating that you were randomly selected to participate in the 2010 MCPSS, CMS urges you to take a few minutes to go online and complete this important survey via a secure Internet website. Responding online is a convenient, easy, and quick way to provide CMS with your feedback on the performance of the FFS contractor that processes and pays your Medicare claims. Survey questionnaires can also be submitted by mail, secure fax, and over the telephone. To learn more about the MCPSS, please visit the CMS MCPSS website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCPSS/index.html> or read the CMS Special Edition MLN Matters article, SE1005, located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1005.pdf> on the CMS website.

MLN Matters Number: MM6882

Related Change Request (CR) #: 6882

Related CR Release Date: March 5, 2010

Effective Date: April 1, 2010

Related CR Transmittal #: R1927CP

Implementation Date: April 5, 2010

Note: This article was updated on November 30, 2012, to reflect current Web addresses. All other information remains unchanged.

April 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.0

Provider Types Affected

Providers submitting institutional outpatient claims to Medicare Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or Regional Home Health Intermediaries (RHHIs) for outpatient services provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on Change Request (CR) 6882, which describes changes to the Integrated Outpatient Code Editor. Be sure billing staffs are aware of 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.

Background

CR 6882 describes changes to billing instructions for various payment policies implemented in the April 2010 OPPS update. The April 2010 Integrated Outpatient Code Editor (I/OCE) changes are also discussed in CR 6882.

Note: The full list of I/OCE specifications will no longer be included in these quarterly change requests. Those specifications can now be found at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the CMS website.

A summary of the changes for April 2010 is within Appendix M of Attachment A in CR 6882 and that summary is captured in the following key points.

Key Points of CR 6882 Based on Appendix M of the I/OCE Specifications

- Effective December 8, 2009, Medicare added codes G0432, G0433 and G0435.
- Effective January 1, 2010, Medicare updates procedure/device edit requirements.
- Effective April 1, 2010, Medicare will:
 - Bypass sex conflict edits (#3 = diagnosis/sex; #8 = procedure/sex) if condition code 45 is present on the claim;
 - Add new revenue codes 860 and 861 to the list of valid revenue codes;
 - Modify appendices E and F to change the TOB used by FQHCs, from 73X to 77X;
 - Make HCPCS/APC SI changes (data change files);
 - Implement version 16.0 of the NCCI (as modified for applicable institutional providers);
 - Add new modifier 'GX' to the valid modifier list; and
 - Create 508-compliant versions of the specifications and Summary of Data Changes documents for publication on the CMS website.

Additional Information

For complete details regarding this Change Request, please see the official instruction (CR6882) issued to your Medicare FI or carrier at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1927CP.pdf> on the CMS website.

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.

The I/OCE instructions are attached to CR 6882 and will also be posted at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the CMS website.

.If you have questions, please contact your Medicare contractor 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.

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.