

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



News Flash – The revised fact sheet titled “Sole Community Hospital” (October 2010), which provides information about Sole Community Hospital (SCH) classification criteria and SCH payments, is now available in print format from the Medicare Learning Network®. To place your order, visit <http://www.cms.gov/MLNGenInfo> on the Centers for Medicare & Medicaid Services (CMS) website, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

MLN Matters® Number: MM7344

Related Change Request (CR) #: 7344

Related CR Release Date: March 11, 2011

Effective Date: April 1, 2011

Related CR Transmittal #: R2172CP

Implementation Date: April 4, 2011

April 2011 Integrated Outpatient Code Editor (I/OCE) Specifications Version 12.1

Note: This article was updated on August 20, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

This article is for providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or regional home health intermediaries (RHHIs)) 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 not under the Home Health Prospective Payment System or claims for services to a hospice patient for the treatment of a non-terminal illness.

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Provider Action Needed

This article is based on Change Request (CR) 7344, which describes changes to the I/OCE and OPSS to be implemented in the April 2011 OPSS and I/OCE updates. Be sure your billing staff is aware of these changes.

Background

CR 7344 describes changes to billing instructions for various payment policies implemented in the April 2011 OPSS update. The April 2011 Integrated Outpatient Code Editor (I/OCE) changes are also discussed in CR 7344.

Note: The full list of I/OCE specifications can now be found at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html?redirect=/OutpatientCodeEdit/> on the Centers for Medicare & Medicaid Services (CMS) website.

A summary of the changes for April 2011 is within Appendix M of Attachment A of CR 7344 and that summary is captured in the following key points, effective April 1, 2011:

- Make Healthcare Common Procedures Coding System (HCPCS)/Ambulatory Payment Classification (APC)/Status Indicator (SI) changes (a summary of these data changes are attached to CR7344);
- Remove CPT code 88177 from the female-only procedures list. Edit 8 is affected;
- Add new modifier '33' to the valid modifier list. Edit 22 is affected;
- Implement version 17.0 of the National Correct Coding Initiative (NCCI) (as modified for applicable institutional providers). Edits 19, 20, 39, and 40 are affected; and
- Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS website.

Additional Information

The official instruction, CR 7344 issued to your Medicare MAC, RHHI or FI regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2172CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare MAC, RHHI or FI 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.

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