

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



REVISED products from the Medicare Learning Network® (MLN)

- [“How to Use The Medicare Coverage Database,”](#) Booklet, ICN 901347, Downloadable only.

MLN Matters® Number: MM8419

Related Change Request (CR) #: CR 8419

Related CR Release Date: August 9, 2013

Effective Date: October 1, 2013

Related CR Transmittal #: R2763CP

Implementation Date: October 7, 2013

October 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.3

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and A/B Medicare Administrative Contractors (A/B 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 not under the Home Health Prospective Payment System or claims for services to a hospice patient for the treatment of a non-terminal illness.

Provider Action Needed

This article is based on Change Request (CR) 8419 which informs FIs, A/B MACs, RHHIs and the Fiscal Intermediary Shared System (FISS) that the I/OCE was updated for October 1, 2013.

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.

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Background

The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE, eliminating 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 October 2013 in Appendix M of Attachment A of CR8419 and that summary is captured in the following key points.

Effective October 1, 2013, (except as noted below) Medicare will:

- Update Appendix N, List A, to add codes 90473 and 90474. Effective January 1, 2007;
- Update Appendix N, List A, to add code G0010. Effective January 1, 2011.
- Implement mid-quarter FDA approval for code 90685. Edit 67 is affected. Effective June 7, 2013.
- Add new modifier AO (Prov declined alt pmt method) to the list of valid modifiers. Edit 22 is affected.
- Remove ICD-9-CM diagnosis codes 7512 and 75161 from the pediatric only (0-17 yrs) age limitation. Edit 2 is affected.
- Update the program logic to assign the Extended Assessment & Management composite Ambulatory Payment Classification (APC) on a claim containing multiple service dates if the appropriate criteria for assignment are met after a gap in service dates. Effective January 1, 2008.
- Update Appendix N, List A (HCPCS codes for Reporting Antigens, Vaccine Administration, Splints and Casts), to add codes 90473 and 90474, effective January 1, 2007.
- Update Appendix N, List A (HCPCS codes for Reporting Antigens, Vaccine Administration, Splints and Casts), to add code G0010, effective January 1, 2011.
- Make HCPCS/APC/Status Indicator (SI) changes as specified by CMS (data change files). Effective July 1, 2013.
- Implement version 19.3 of the NCCI (as modified for applicable institutional providers). Edits 20 and 40 are affected.
- Update Appendix F to note the deletion of bill type 33X.
- Update Appendix N, List A and List C to remove deleted code G9141.
- Correct the standard APC assigned for G0379 on page 40 to be APC 608.
- Implement new edit 86. Manifestation code not allowed as Principal Diagnosis (RTP).

Criteria: A diagnosis code considered to be a manifestation code from the Medicare Code Editor (MCE) manifestation diagnosis list is reported as the principal diagnosis code on a hospice bill type claim (81X, 82X).

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Additional Information

The official instruction, CR8419, issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2763CP.pdf> on the CMS website.

If you have any 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.

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