

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



In September 2012, the Centers for Medicare & Medicaid Services (CMS) announced the availability of a new electronic mailing list for those who refer Medicare beneficiaries for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Referral agents play a critical role in providing information and services to Medicare beneficiaries. To ensure you give Medicare patients the most current DMEPOS Competitive Bidding Program information, CMS strongly encourages you to review the information sent from this new electronic mailing list. In addition, please share the information you receive from the mailing list and the link to the [“mailing list for referral agents”](#) subscriber webpage with others who refer Medicare beneficiaries for DMEPOS. Thank you for signing up!

MLN Matters® Number: MM8658 **Revised**

Related Change Request (CR) #: CR 8658

Related CR Release Date: March 7, 2014

Effective Date: April 1, 2014

Related CR Transmittal #: R2900CP

Implementation Date: April 7, 2014

April 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.1

Note: This article was revised on March 11, 2014, to correct the table on page 2. The column headers were omitted. All other information is unchanged.

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (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 (HHA) 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) 8658, which informs the MACs that the I/OCE was updated for April 1, 2014. Make sure your billing staffs are aware of these changes.

Background

CR8658 informs the MACs, including the Home Health & Hospice (HH&H) MACs, that the I/OCE is being updated for April 1, 2014. 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 modifications of the IOCE for the April 2014 release (V15.1) are summarized in the table below. Readers should also read through the entire document and note the highlighted sections, which also indicate changes from the prior release of the software. Some IOCE modifications in the update may also be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

| Type | Effective Date | Edits Affected | Modification |
|---------|----------------|----------------|---|
| Logic | 1/1/2014 | - | Change the Status Indicator (SI) from N to A for any laboratory code (code list) submitted on 12x bill type when the claim does not contain condition code W2 (Duplicate of Original Bill). |
| Content | 4/1/2014 | - | Make HCPCS/APC/SI changes as specified by CMS (data change files). |
| Content | 4/1/2014 | 20, 40 | Implement version 20.1 of the National Correct Coding Initiative (NCCI) (as modified for applicable institutional providers). |
| Content | 4/1/2014 | 8 | Update procedure/sex conflict edit list. Note that change to remove code 81266 from the female only list is retroactive to 1/1/2012. |
| Content | 1/1/2014 | 71, 77 | Update procedure/device & device/procedure edit requirements. |
| Content | 4/1/2014 | 87 | Update the skin substitute product list (Appendix N) to move specific skin substitute product codes from List A (low-cost) to List B (high-cost). |
| Content | 1/1/2014 | 41 | Add new revenue codes 690 – 696, and 699 to the valid revenue code list. |
| Doc | 1/1/2014 | - | Added documentation for laboratory services submitted on 12x or 14x bill type to page 9, Appendix F(a) (associated with edit 27), and Appendix L. |

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Additional Information

The official instruction, CR8658, issued to your MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2900CP.pdf> on the CMS website.

If you have any questions, please contact your 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> on the CMS website.

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