

CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 484	Date: April 24, 2009
	Change Request 6390

Subject: Archiving and Retrieving of the Integrated Outpatient Code Editor (IOCE) for Processing Claims

I. SUMMARY OF CHANGES: Currently, FISS includes one copy of the IOCE software. However, to maintain a reasonable size for the software, there is a need to archive versions of the OCE greater than 28 versions so contractors can process claims with dates of service prior to the single copy FISS currently maintains. There is a complete replacement product each quarter which includes all versions. Because it is not possible to use the same archiving and calling conventions used for the Inpatient PRICERS, this CR directs the development of a new archiving and call process for FISS to use in accessing archived OCEs. This CR rescinds and fully replaces CR 6177.

New / Revised Material

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 484	Date: April 24, 2009	Change Request: 6390
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SUBJECT: Archiving and Retrieving of the Integrated Outpatient Code Editor (IOCE) and the Medicare Code Editor (MCE) for Processing Claims.

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

I. GENERAL INFORMATION

A. Background: Currently, FISS includes one copy of the IOCE software, which is supplied by 3M and replaced each quarter. However, to maintain a reasonable size for the software, there is a need to archive versions of the OCE greater than seven years (28 versions) within the Shared System so contractors can have the capability to process claims with dates of service prior to the single copy FISS currently maintains. For instance, if a contractor is required to process an OPSS claim on Nov 1, 2009, and the claim has a DOS of Jan 1, 2003, the contractor should be able to process the claim without special handling. However, if the OPSS claim had a DOS of Dec 31, 2002, the contractor must have the capacity to retrieve the archived October 2002 version of the OCE to correctly process the claim.

Because it is not possible to use the same archiving and calling conventions used for the Inpatient PRICERS, this CR directs the development of a new archiving and call process for FISS to use in accessing archived OCEs.

B. Policy: In order to maintain operational efficiency in the current mainframe and PC versions of the IOCE, it is necessary to remove the oldest quarters so that IOCE software will never carry more than 28 versions. Since FISS does not use separate drivers to call the IOCE by date of service, claims will need to be run through the current IOCE unless Edit 24 (“Date out of OCE Range”) is received. When Edit 24 is received, FISS must be able to retrieve the appropriate archived version of the IOCE that includes the appropriate software version corresponding to the claim date of service.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6390.1	Contractors shall establish a mechanism to retrieve OCE versions, effective for dates of service prior to the most recent iteration (minus seven years).						X				IOCE
6390.2	Contractors shall process claims, with DOS prior to the most recent 28 versions of the OCE, with the appropriate	X		X		X	X				IOCE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	corresponding archived version.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Maria Durham, maria.durham@cms.hhs.gov (IOCE)

Post-Implementation Contact(s): Maria Durham, maria.durham@cms.hhs.gov (IOCE)

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)* and *Regional Home Health Intermediaries (RHHIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MAC)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not

obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.