April 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.1

MLN Matters Number: MM11680
Related Change Request (CR) Number: 11680
Related CR Release Date: March 6, 2020
Effective Date: April 1, 2020
Related CR Transmittal Number: R4543CP
Implementation Date: April 6, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, hospitals, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11680 provides the Integrated OCE (I/OCE) instructions and specifications for the I/OCE that is being updated for April 1, 2020. Please make sure your billing staff is aware of this update.

BACKGROUND

CR 11680 informs the MACs and the Fiscal Intermediary Shared System (FISS) maintainer that the I/OCE is being updated for April 1, 2020. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated I/OCE.

This I/OCE will be used in the Outpatient Prospective Payment System (OPPS) and for non-OPPS claims for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a Home Health Agency (HHA) not under the HH PPS or to a hospice beneficiary for the treatment of a non-terminal illness.

The I/OCE specifications will be posted on the Centers for Medicare & Medicaid Services website at http://www.cms.gov/OutpatientCodeEdit/.
Table 1: Summary of Quarterly Release Modifications

<table>
<thead>
<tr>
<th>Type</th>
<th>Effective Date</th>
<th>Edits Affected</th>
<th>Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logic</td>
<td>04/01/2020</td>
<td>24</td>
<td>Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date included for this release is 07/01/2013.</td>
</tr>
<tr>
<td>Logic</td>
<td>01/01/2017</td>
<td></td>
<td>Add new payment method flag of X (Contractor bypass applied to Section 603 service with no reduction applied in OPPS Pricer) to be returned on output to identify a line(s) that have had a Contractor bypass applied to a Section 603 item or service that is not applicable for a reduction in Pricer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: The Contractor Bypass function is a CMS/Contractor related function and is not meant to be used by other end users or providers. See Contractor (MAC) Actions Impacting IOCE Processing for more information.</td>
</tr>
<tr>
<td>Logic</td>
<td>01/21/2020</td>
<td>68</td>
<td>Apply mid-quarter edit 68 (Service provided prior to date of NCD approval) to HCPCS 20560, 20561, 97810, 97811, 97813, 97814, if reported before 01/21/2020.</td>
</tr>
<tr>
<td>Logic</td>
<td>04/01/2020</td>
<td>1</td>
<td>Update diagnosis code editing for validity, based on the FY 2020 ICD-10-CM code update to include diagnosis code U07.0 (Vaping-related disorder) effective 04/01/2020.</td>
</tr>
<tr>
<td>Documentation</td>
<td>04/01/2020</td>
<td>10, 23, 24, 44, 84</td>
<td>Update notes within edit descriptions for edits 10, 23, and 24, 44 and, 84.</td>
</tr>
<tr>
<td>Type</td>
<td>Effective Date</td>
<td>Edits Affected</td>
<td>Modification</td>
</tr>
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</tr>
</tbody>
</table>
| Content           | 04/01/2020     | 04/01/2020     | Make all HCPCS/APC/SI changes as specified by CMS. Updates were made to the following lists (please review the Quarterly Data Table Reports for additional detail). Due to the new table and file structure for January 2020, the tables that are updated which reference a list are specified below. **MAP_ADDON_TYPE I**
  - Addon Type I procedures (edit 106)

**MAP_ADDON_TYPE III**
  - Addon Type III procedures (edit 108)

**DATA_HCPCS**
  - Information Only Service list (edit 112)
  - FQHC Non-Covered list
  - Device Procedure Edit 92 Bypass list (edit 92)
  - Non-covered services lists (SI = E1, for edits 9)
  - Non-reportable for OPPS list (SI = B, edit 62)
  - Procedure and Sex Conflict list (female only) (edit 8)
  - Terminated Device Procedure flag

**OFFSET_HCPCS**
  - Terminated Device Procedure Offset (Retroactively deleted 2 codes from table)

**MAP CONFLICT RHC**
  - RHC CG modifier non-payable conflict

| Content           | 04/01/2020     | 20, 40         | Implement version 26.1 of the NCCI (as modified for applicable outpatient institutional providers). |
ADDITIONAL INFORMATION

The official instruction, CR 11680, issued to your MAC regarding this change is available at https://www.cms.gov/files/document/r4543CP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

<table>
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<tr>
<th>Date of Change</th>
<th>Description</th>
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<tbody>
<tr>
<td>March 6, 2020</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>

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