

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12419	Date: December 21, 2023
	Change Request 13456

SUBJECT: January 2024 Integrated Outpatient Code Editor (I/OCE) Specifications Version 25.0

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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	N/A

III. FUNDING:

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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I. GENERAL INFORMATION

A. Background: This instruction informs the A/B Medicare Administrative Contractors (MACs) Part A, the A/B MACs Part Home Health and Hospice (HHH) and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for January 1, 2024. The I/OCE routes all institutional outpatient claims (which includes Non-Outpatient Prospective Payment System [non-OPPS] hospital claims) through a single integrated OCE. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

B. Policy: This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPPS and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The I/OCE specifications will be posted to the CMS website and can be found at <https://www.cms.gov/medicare/coding/outpatientcodeedit>.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
13456.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X						
13456.2	Medicare contractors shall identify the I/OCE specifications on the CMS website at https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs .	X		X		X						
13456.3	Effective for claims processed on and after January 1, 2024, with Line Item Dates of Service (LIDOS) on and after January 1, 2024, contractors shall return the following Remittance Advice Remark Code (RARC) when claims receive I/OCE edit 134 (W7134).	X		X								

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	<p>Group Code CO: Contractual Obligation</p> <p>Claim Adjustment Reason Codes (CARC) 96: Non-covered charge(s). At least one remark code must be provided (may be comprised of either the NCPDP reject code, or remittance advice remark code that is not an alert.) Usage: Refer to the 835 Healthcare Policy Identification Segment (LOOP 2110 Service payment information ref) if present.</p> <p>RARC N174: This is not a covered service/procedure/equipment/bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'.</p> <p>NO APPEAL RIGHTS.</p>										
13456.4	<p>Effective for claims processed on and after January 1, 2024, with LIDOS on and after January 1, 2024, contractors shall return the following RARC when claims receive I/OCE edits 128 (W7128), 129 (W7129) and 131 (W7131).</p> <p>RARC N363- "Alert: in the near future we are implementing new policies/procedures that would affect this determination."</p>	X		X							
13456.5	<p>Medicare contractors shall update reason codes W7130, W7132, W7133, W7190 and W7191 to Return to Provider (RTP), as per the documentation and update the narratives. NOTE: These are new I/OCE Edits 130, 132, 133, 190 and 191.</p>	X		X							
13456.6	<p>Medicare contractors shall update reason code W7122 to RTP, as per the documentation and update the narrative. This is I/OCE edit 122.</p>	X		X							
13456.7	<p>Medicare contractors shall add new HCPCS code G0137 for the Opioid Treatment Program (OTP) to parm PRMOTPHP.</p>	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13456.8	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X		X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0