DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Revised product from the Medicare Learning Network®

• "**Medicare Claim Review Programs**" Booklet, (ICN 006973) Downloadable

MLN Matters® Number: MM9290 Revised

Related CR Release Date: September 23, 2015

Related Transmittal #: R3359CP

Change Request (CR) #: CR 9290

Effective Date: October 1, 2015

Implementation Date: October 5, 2015

October 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.3

Note: This article was revised on September 24, 2015, to reflect the revised CR9290 issued on September 23. In the article, the table on pages 2-3 has been updated to include the modification to edit 68 for HCPCS code Q5101 and to clarify the entry in that table regarding edit 87. In addition, the CR release date, transmittal number, and the Web address for accessing the CR are revised. all other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for providers who submit claims to Medicare Administrative Contractors (MACs), including Home Health and Hospice MACS (HH+H MACs) for services provided to Medicare beneficiaries.
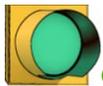
Provider Action Needed

STOP – Impact to You

Be aware that the Integrated/Outpatient Code Editor (I/OCE) is being updated for October 1, 2015. Change Request (CR) 9290 details those changes.

CAUTION – What You Need to Know

CR 9290 provides the instructions and specifications for the I/OCE to be used 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 (PPS) or to a hospice patient for the treatment of a non-terminal illness. This notification applies to Chapter 4, Section 40.1 of the "Medicare Claims Processing Manual," which is available at **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf** on the Centers for Medicare & Medicaid Services (CMS) website.

GO – What You Need to Do

Make sure that your billing staffs are aware of the updated I/OCE for October 1, 2015.

Background

CR 9290 provides the I/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 PPS or to a hospice patient for the treatment of a non-terminal illness. The I/OCE specifications will be posted online and can be found at **http://www.cms.gov/OutpatientCodeEdit/** on the CMS website.

The modifications of the I/OCE for the October 2015 release (V16.3) are summarized in the table below. Some I/OCE modifications in this update may be retroactively added to prior releases. If so, the retroactive date appears in the "Effective Date" column.

Effective Date	Edits Affected	Modification
9/3/2015	68	Implement mid-quarter National Coverage Determination (NCD) edit effective date for HCPCS Q5101.
10/1/2015	87	Modify the program logic to not ignore skin substitute product code(s) present with line item action flag 2 in order to process edit 87. Corrects effective date to 10/1/2015 from erroneous date in program logic of 4/1/2015. No change to documentation.
10/1/2015	87	Update to the skin substitute product list (move HCPCS Q4151 from List A to List B – Appendix P, list E of CR9290).
10/1/2015	88, 89	Modify the program logic to not assign edits 88 and 89 for Federally Qualified Health Center (FQHC) PPS claims when only FQHC non-covered services are present with edit 91 (page 11; Appendix M processing steps and flowchart).
10/1/2015	2, 3, 86	Update the diagnosis/age and diagnosis/sex conflict, and manifestation edits based on the official ICD-10-CM diagnosis code editing content for the MCE.
10/1/2015		Modify the diagnosis code content to replace all preliminary ICD-10-CM content with the official ICD-10-CM code content effective for 10/1/2015; restrict the use of ICD-9-CM code content for historical claims with From Dates through 9/30/2015.
10/1/2015		Updates to FQHC non-covered procedures and flu/PPV vaccine lists (see quarterly data file changes).
10/1/2015		Make Healthcare Common Procedure Coding System (HCPCS)/ Ambulatory Payment Classification (APC)/Status Indicator (SI) changes as specified by CMS (data change files).
10/1/2015	20, 40	Implement version **21.3** of the NCCI (as modified for applicable institutional providers).
10/1/2015		Update the IOCE PC product User and Installation Manual for removal of support for Microsoft® Windows® versions 2000, XP and Vista; add support for Microsoft® Windows® version 8.1.
10/1/2015		Update page 3 and Table 1 (OCE Control Block) to indicate ICD-10-CM diagnosis codes as the primary diagnosis code set with ICD-9-CM diagnosis codes remaining for historical claims.

Note: Readers should also read through the entire CR9290 document and note the highlighted sections, which also indicate changes from the prior release of the software. A

full summary of data changes in I/OCE V16.3, including diagnosis, HCPCS, Current Procedural Terminology (CPT) and APC codes, is attached to the CR.

Additional Information

The official instruction, CR 9290 issued to your MAC regarding this change is available at **http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3359CP.pdf** on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html** under - How Does It Work.