



July 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.2

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Related Change Request (CR) Number: 11792

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Effective Date: July 1, 2020

Related CR Transmittal Number: R10165CP

Implementation Date: July 6, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for hospitals, other providers, and suppliers billing Medicare Administrative Contractors (MACs), including the Home Health and Hospice (HH&H) MACs, for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article provides the I/OCE instructions and specifications for the I/OCE employed under the Outpatient Prospective Payment System (OPPS) and non-OPPS. The specifications are for:

- Hospital outpatient departments
- Community mental health centers
- All non-OPPS hospital providers
- For limited services when provided in a Home Health Agency (HHA) not under the HH Prospective Payment System (PPS) or to a hospice patient for the treatment of a non-terminal illness. The I/OCE specifications will be posted at <http://www.cms.gov/OutpatientCodeEdit/>.

Make sure your billing staffs are aware of these changes.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) informs you that the I/OCE update occurs July 1, 2020. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE.

The summary of changes is in the following table. Readers should also review the entire document and note the highlighted sections, which also indicate changes from the prior release of the software. Some I/OCE modifications in the update are retroactive to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

Effective Date	Edits Affected	Modification
10/01/2013	(See Section 6.2 of I/OCE Specifications for edit explanations.)	Add new payment method flag V (Contractor bypass applied to Federally Qualified Health Center (FQHC) PPS service and coinsurance is n/a (COVID-19)) and W (Contractor bypass applied to off-campus clinic visit for payment reduction) to be returned on output if supplied on input to the CB Payment Method Flag field. Note: 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 (Section 3.2 of I/OCE Specifications) for more information.
10/01/2013	1, 2, 3, 5, 6, 8, 20, 22, 40, 41, 106, 108	Implement and program the following new bill types for Non-OPPS Hospital bill type processing and editing (OPPS flag = 2, Non-OPPS); 78x (Licensed Freestanding Emergency Medical Facility) 83x (Ambulatory Surgery Center) 84x (Freestanding Birthing Center) 89x (Special Facility – Other) See OCE edits Applied by Non-OPPS Hospital Bill Type Table. (Section 6.4 of I/OCE Specifications)
03/18/2020		For OPSS claims (bill type 13x w/o Condition Code (CC) 41), apply the Payment Adjustment Flag (PAF) of 9 (Deductible/co-insurance not applicable) for a visit line(s) that have modifier CS reported and the final Status Indicator (SI) for the line(s) is V or J2. Critical Care visit code 99291 and HOPD specimen collection code C9803 reported with modifier CS and SI= S, are also applicable for a PAF assignment of 9. See Medical Visit Processing and COVID-19 Testing-Related Services (Section 5.1) and Observation Processing under C-APCs (Section 5.6.4) for more information.
03/18/2020		Add new payment method flag value C (Payment made by FQHC PPS and coinsurance is n/a COVID-19) to be returned on FQHC claims (Bill type 77x) when HCPCS line items are reported with modifier CS. See FQHC PPS – COVID-19 Services (Section 5.19) for more information.
01/27/2020		Add new HCPCS code G2025 to the FQHC telehealth logic to receive appropriate FQHC payment values. Note: G2025 is added to the FQHC telehealth logic based on the component quarter start date of 01/01/2020, but the code should not be reported prior to its effective date of 01/27/2020. See FQHC PPS – Telehealth Services (Section 5.19) processing logic for more information.
07/01/2020		Add new payment method flag value B (Payer only testing). Not to be used other than for CMS testing purposes.
10/01/2013	48, 50, 61, 62, 67, 68, 69, 72, 88, 89, 90, 91, 110	Add the following edits to list of applicable edits that may be used for the Contractor Bypass; 48, 50, 61,62, 67, 68, 69, 72, 88, 89, 90, 91, 110

Effective Date	Edits Affected	Modification
10/01/2013	27, 35, 47	Update edit 35 logic to allow for the edit to be returned if an incidental education and training service(s) is the only service(s) reported on the claim (Bill Type 12x, 13x w/o CC 41). Note: Edit 47 is returned in addition to edit 35 in this circumstance described, as both edit conditions apply and there is no conflict in edit disposition. Edit 27 is now suppressed from being returned if this condition for edit 35 is present. See Daily Mental Health Processing section (Section 5.5.3) for more information.
04/01/2019	41, 48	Add revenue code 892 (Special Processed Drugs – FDA Approved Gene Therapy) to the list of valid revenue codes, effective 04/01/2019.
07/01/2020	68	Apply mid-quarter edit 68 (Service provided prior to date of National Coverage Determination (NCD) approval) to the following HCPCS; U0003 - 04/14/2020 U0004 - 04/14/2020 86328 - 04/10/2020 86769 - 04/10/2020 98966 - 03/01/2020 98967 - 03/01/2020 98968 - 03/01/2020 G2010 - 03/01/2020 G2012 - 03/01/2020 G2023 - 03/01/2020 G2024 - 03/01/2020 G2025 - 01/27/2020 C9803 – 03/01/2020
07/01/2020	110	Apply mid-quarter edit 110 (Service provided prior to initial marketing date) to the following HCPCS; Q5113 - 03/16/2020 Q5116 - 02/23/2020 C9058 – 11/15/2019 Q5119 – 02/03/2020 Q5120 – 11/15/2019
01/01/2020		Modify the Description of Modifier CS to “Covid-19 testing related svc”.

Effective Date	Edits Affected	Modification
07/01/2020		<p>Make all HCPCS/Ambulatory Payment Classification (APC)/SI changes as specified by CMS. Updates were made to the following lists:</p> <p>MAP_ADDON_TYPEI</p> <ul style="list-style-type: none"> • Addon Type I procedures (edit 106) <p>DATA_CAPC</p> <ul style="list-style-type: none"> • Comprehensive APC list (updated list and rank) <p>OFFSET_HCPCS</p> <ul style="list-style-type: none"> • Terminated Device Procedures for offset APC <p>OFFSET_CODEPAIRS</p> <ul style="list-style-type: none"> • Device Offset Code Pairs (code pair updates for pass through device offset logic) <p>MAP_COMPOSITE</p> <ul style="list-style-type: none"> • Composite APC HCPCS list <p>DATA_HCPCS</p> <ul style="list-style-type: none"> • Device-Dependent Procedure list (edit 92) • Device Procedure Edit 92 Bypass list (edit 92) • Terminated Device Procedure list • Device list • FQHC non-covered list • FQHC flu-PPV list • High and Low-Cost Skin Substitute list (edit 87) • Edit 99 Exclusions list (edit 99) • Non-covered services lists (SI = E1, edits 9) • Non-reportable for OPSS list (SI = B, edit 62) • Services not billable to MAC list (SI = M, edit 72) • Separate payment by Medicare not provided (SI = E2, edit 13) • Procedure and Sex Conflict (edit 8) (Male and Female px list) • Comprehensive APC exclusion list • Inherent Bilateral list • X-ray procedure list applicable for modifiers FX/FY – CAA Section 502b <p>MAP_CONFLICT_RHC</p> <ul style="list-style-type: none"> • RHC CG modifier non-payable conflict <p>DATA_MODIFIER</p> <ul style="list-style-type: none"> • Valid Modifier list (Description update only) <p>DATA_EDIT_BYPASS</p> <ul style="list-style-type: none"> • Contractor Bypass Edits list
07/01/2020		<p>The following Data Table Report(s) is updated to include new fields:</p> <p>DATA_HCPCS</p> <ul style="list-style-type: none"> • Unused (New Column implemented for CMS testing only purposes) <p>Please review the File Layout document for the descriptions of all Data Table Reports and associated fields and field values.</p>
07/01/2020	20, 40	Implement version 26.2 of the NCCI (as modified for applicable outpatient institutional providers).

ADDITIONAL INFORMATION

The official instruction, CR 11792, issued to your MAC regarding this change, is available at <https://www.cms.gov/files/document/r10165cp.pdf>.

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

DOCUMENT HISTORY

Date of Change	Description
June 5, 2020	Initial article released.

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