



January 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.0

MLN Matters Number: MM12114

Related Change Request (CR) Number: 12114

Related CR Release Date: December 31, 2020

Effective Date: January 1, 2021

Related CR Transmittal Number: R10540CP

Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

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

PROVIDER ACTION NEEDED

This article informs you of changes to the January 2021 version of the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that Medicare uses

- Under the Outpatient Prospective Payment System (OPPS) and Non-OPPS for hospital outpatient departments, community mental health centers and all non-OPPS providers
- For limited services when provided in a Home Health Agency (HHA) not under the Home Health Prospective Payment System
- For a hospice patient for the treatment of a non-terminal illness.

Make sure your billing staffs are aware of these changes.

BACKGROUND

CR 12114 informs the MACs and the Fiscal Intermediary Shared System (FISS) maintainer that the I/OCE is being updated for January 1, 2021. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. CMS will post the I/OCE specifications at <https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs>.

We summarize the modifications of the I/OCE for the January 2021, V22.0 release, in the table below. You should also read through the entire specifications document and note the highlighted sections, which also indicate changes from the prior release of the software. Some I/OCE modifications in the update may be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

Summary of Quarterly Release Modifications

Effective Date	Edits Affected	Modification
04/01/2014		Implement bill type 73x to be applicable to IOCE editing and logic processing under OPPS flag value 2 (Non-OPPS). Please see the Edits by bill type tables the I/OCE specifications to review the list of edits applicable.
01/01/2020		Implement new bill type 87x (Freestanding Non-Residential Opioid Treatment Program (OTP)) and bill type instance 13x submitted with condition code 89 (Hospital Outpatient with OTP) to be applicable to IOCE editing and logic processing under both OPPS flag value 1 (OPPS) and 2 (Non-OPPS). Please see the Edits by bill type tables to review the list of edits applicable.
01/01/2020		Implement bill type instance 85x submitted with condition code 89 (Critical Access Hospital (CAH) with OTP) to be applicable to IOCE editing and logic processing under OPPS flag value 2 (Non-OPPS). Please see the Edits by bill type tables to review the list of edits applicable.
04/01/2014	10	Revise logic to no longer return a claim processed flag of 3 and return code 20 when conditions for edit 10 are present (CC 21 reported). This revision in logic allows the claim to process all other edits and logic conditions applicable in addition to the return of edit 10 in the edit buffer (claim deny).
01/01/2021	115	Implement new edit 115 (COVID-19 lab add-on code reported without required primary procedure) to be returned if COVID-19 lab add-on code U0005 is not reported on the same date of service as one of its primary codes U0003 or U0004 (LID). Please see COVID-19 Lab Add-on Code Editing for more information or see the Edits by bill type tables to review the bill types for which edit 115 is applicable.
01/01/2020	116	Implement new edit 116 (OTP service not payable outside the OTP program) to be returned (RTP) if OTP HCPCS codes are reported on a claim by a provider that is not approved for providing OTP services. Provider Bill Types that can report OTP services and are not subject to edit 116 are bill types 13x submitted with condition code 89, 85x submitted with condition code 89, and new bill type 87x. Please see Opioid Treatment Program Processing logic section for more information or see the Edits by bill types tables to review the bill types that edit 116 is applicable for.
01/01/2021	1	Add/delete the following ICD-10-CM Diagnosis code changes to the IOCE per the MCE (Medicare Code Editor) and applicable for edits noted: <ul style="list-style-type: none"> • Add J1282, M3581, M3589, Z1152, Z20822, Z8616 • Delete M358

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01/01/2021	113	Add ICD-10-CM Diagnosis codes J1282 and Z8616 the to the Unacceptable principal diagnosis edit 113. Note: MCE determined that Z11.52 and Z20.822 are added to the Unacceptable pdx list, however CMS OPSS policy requires that these two codes are excluded from returning edit 113.
03/18/2020	114	Add edit 114 to be applied to the following OPSS bill types; 13x w/cc 89,77x, 87x Add edit 114 to be applied to the following Non-OPSS bill types: 13x w/cc 89, 32x, 34x, 71x, 72x, 73x 75x, 77x, 78x, 81x, 82x, 83x, 84x, 85x w/cc 89, 87x, 89x. Please see the Edits by bill type tables to review the bill types that edit 114 is applicable for.
04/01/2014	55	Add edit 55 to be applied to bill type 14x under OPSS flag 1 and 2 for OPSS and Non-OPSS processing.
04/01/2014	23	Revise logic for edit 23 to return under all bill types for all date criteria editing if present.
01/01/2021	68	Apply mid-quarter edit 68 (NCD) for the following HCPCS codes; 87636, 87637, 87811, 0240U, 0241U: effective 10/06/2020 and 87428: 11/10/2020
01/01/2021	110	Apply mid-quarter edit 110 (FDA) for the following HCPCS codes; M0239, Q0239: effective 11/10/2020 and M0243, Q0243: effective 11/21/2020
01/01/2021	83	Apply mid-quarter edit 83 (NCD non-covered/termination) for HCPCS code 87450: effective 10/06/2020 (Note: Code is meant to be deleted as no longer effective 10/06/2020, edit 83 is applied under the October quarter for dates on or exceeding 10/06/2020 to allow for claims 10/01-10/05 to process accordingly. This code is a deleted code effective 01/01/2021 in the software.
01/01/2020		Add new logic section for COVID-19 Lab Add-on Code Editing.
01/01/2020		Add new logic section for Opioid Treatment Program Processing.
01/01/2020		Revise Claim Processed Flag value of 3 and Return Code 20 descriptions to "Reserved" due to revision of logic for edit 10 mentioned in item 5. See Claim Return Buffer

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01/01/2020		<p>Updates were applied to the Payment Method Flag Assignment by Status Indicator and Bill Type Table and the IOCE Edits Applied by OPSS Hospital Bill Type Table (OPSS Flag =1) due to the OPSS bill type addition of 13x with condition code 89 and bill type 87x for OTPs. Updates were also made to the IOCE Edits Applied by Non-OPSS Hospital Bill Type Table (OPSS Flag =2) due to the Non-OPSS Bill types addition of 85x with condition code 89 and bill type 87x for OTP claims processing.</p>
01/01/2021		<p>Make all HCPCS/APC/SI changes as specified by CMS. Updates were made to the following HCPCS lists:</p> <p>MAP_ADDON_TYPE1</p> <ul style="list-style-type: none"> • Addon Type 1 procedures (edit 106) <p>MAP_ADDON_TYPE3</p> <ul style="list-style-type: none"> • Addon Type 3 procedures (edit 108) <p>MAP_COVID_LAB_ADDON</p> <ul style="list-style-type: none"> • COVID Lab Addon code pairing (New) (edit115) <p>DATA_CAPC</p> <ul style="list-style-type: none"> • Comprehensive APC list (updated list and rank) <p>MAP_FQHC_VISIT</p> <ul style="list-style-type: none"> • FQHC Qualifying Visit Code Pairs <p>MAP_CAPC</p> <ul style="list-style-type: none"> • CAPC Complexity Adjusted Code Pairs <p>MAP_COMPOSITE</p> <ul style="list-style-type: none"> • Imaging Composite HCPCS/APC update <p>OFFSET_HCPCS</p> <ul style="list-style-type: none"> • Terminated Device Procedures for offset APC <p>OFFSET_APAC</p> <ul style="list-style-type: none"> • Pass-through radiopharmaceutical for offset APC (edit 99) • Pass-through skin substitute product for offset APC (edit 99) • Pass-through contrast for offset APC (edit 99) • Pass-through stress agent for offset APC (edit 99)

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		<p>OFFSET_CODEPAIRS</p> <ul style="list-style-type: none"> • Device Offset Code Pairs (code pair updates for pass-through device offset) <p>DATA_HCPCS</p> <ul style="list-style-type: none"> • Device-Dependent Procedure list (edit 92) • Edit 92 Device Procedure Bypass list (edit 92) • Terminated Device Procedure list • Device list (Pass-through devices) • Pass-Through Radiopharmaceutical HCPCS • Edit 99 Exclusion list (edit 99) • Comprehensive APC Exclusions • Low and High Cost Skin Substitute list (edit 87) • Blood Product list • Non-Standard Ct Scan HCPCS subject to NEMA • FQHC Non-covered list • FQHC Preventive Services list • FQHC Flu-PPV list • Vaccine administration list update (Home health/Hospice) • OTP list (New) • COVID lab addon code pairing (New) • Conditional bilateral list • Independent bilateral list • Inherent bilateral list • Non-covered services lists (Status Indicator (SI) I = E1, edits 9) • Non-reportable for OPPS 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) • Information Only Service list (edit 112) • Procedure and Sex Conflict (edit 8) • Deductible Coinsurance n/a list • Coinsurance and Deductible Waiver eligible (CS modifier, edit 114)

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01/01/2021		<p>The following Data Table Report(s) are updated to include new fields:</p> <p>DATA_HCPCS</p> <ul style="list-style-type: none"> • ADDON_COVID_LAB • OPIOID_TREATMENT_PROGRAM <p>MAP_ADDON_COVID_LAB</p> <ul style="list-style-type: none"> • ADDON • ADDON_PRIMARY <p>Please review the File Layout document for the descriptions of all Data Table Reports and associated fields and field values.</p>

ADDITIONAL INFORMATION

The official instruction, CR 12114, issued to your MAC regarding this change, is available at <https://www.cms.gov/files/document/r10540cp.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
January 5, 2021	Initial article released.

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