



**News Flash** - The *Hospital Outpatient Prospective Payment System Fact Sheet* (revised January 2008), which provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

MLN Matters Number: MM5969

Related Change Request (CR) #: 5969

Related CR Release Date: March 25, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R1483CP

Implementation Date: April 7, 2008

## April 2008 Integrated Outpatient Code Editor (I/OCE) Specifications Version 9.1

### Provider Types Affected

All providers who submit institutional outpatient claims (including non-OPPS hospitals) to Medicare Administrative Contractors (A/B MACs), fiscal intermediaries (FIs), or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries.

### Impact on Providers

This article is based on Change Request (CR) 5969 and notifies providers that I/OCE Specifications Version 9.1, is effective April 1, 2008. Claims with dates of service prior to July 1, 2007 are routed through the non-integrated versions of the outpatient code editor (OCE) software that coincide with the versions in effect for the date of service on the claim.

### Background

This article is based on CR 5969 and informs providers that the I/OCE routes all institutional outpatient claims (including non-outpatient prospective payment

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system hospital claims) through a single integrated OCE eliminating the need to update, install, and maintain two separate OCE software packages on a quarterly basis. **This integration does not change the current logic that is applied to outpatient bill types that already pass through the outpatient prospective payment system (OPPS) OCE software.** It expands the software usage to include non-OPPS hospitals. The full specifications for the I/OCE as well as detailed lists of the APC (ambulatory payment classifications), HCPCS (health care common procedure coding systems), CPT (Current Procedural Terminology) code changes, additions, and deletions are attached to CR5969. The Web address for accessing CR5969 is in the Additional Information section of this article. Thus, we will not repeat all of those changes in this article. However, the key changes in the Version 9.1 of I/OCE are as follows:

Effective Date	Edit	Description of Change
4/1/08	24	Modify the software to maintain/retain 28 prior quarters (7 years) of programs & codes in each release. Remove older versions with each release.  (The earliest version date included in the April 2008 release will be 1/1/01).
4/1/08		Modify appendix D of I/OCE Specifications (attached to CR5969) to exempt codes with SI of "S" and "X" from the conditional bilateral discounting.
1/1/08		Change HCPCS APC to "0" in the APC/ASC Return Buffer for all PH services on PHP claims.
4/1/02		Add code 29086 to the list of cast procedures (code list for Antigenes, splints & Casts)
1/1/08		Modify/correct list of codes identified as partial hospitalization services for PHP claims
1/1/08		Bypass edit 48 for rev code 0637. Assign edit 50 when submitted without a HCPCS code. Apply to OPPS & Non-OPPS claims.
		Make HCPCS/APC/SI changes as specified by CMS
	19, 20, 39, 40	Implement version 14.0 of the NCCI (National Correct Coding Initiative) file, removing all code pairs which include Anesthesia (00100-01999), E&M (92002-92014, 99201-99499), or MH (90804-90911).
1/1/07	22	Add new (genetic testing) modifier (8C) to the valid modifier list.

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Effective Date	Edit	Description of Change
		Modify description of PHP code lists in appendix C - to include all PH services in list B, and make list A a subset of list B.
1/1/08	78	Update nuclear medicine/radiopharmaceutical edit requirements.
1/1/08	71	Update procedure/device edit requirements.
1/1/08		Remove ASC procedure list – no longer needed to identify claims to be processed as 83X TOB.
		Added explanatory paragraphs, re antigens/splints/casts & CCI editing to the specifications document. Add appendix N, for requested code listings.

## Additional Information

For complete details regarding this CR please see the official instruction (CR5969) issued to your Medicare FI, A/B MAC, or RHHI. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1483CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

To review the Outpatient Code Editor (OCE) website you may refer to: <http://www.cms.hhs.gov/OutpatientCodeEdit/> on the CMS website.

If you have questions, please contact your Medicare FI, A/B MAC, or RHHI at their toll-free number which may be found at: <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

**News Flash - It's Not Too Late to Give and Get the Flu Shot!** In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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