October 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.3

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Effective Date: October 1, 2020

Implementation Date: October 5, 2020

NOTE: We revised this article to reflect the revised CR 11944, issued on October 2, 2020. The CR revision added several items to the Summary of Quarterly Release Modifications table, and we made those same changes in the article. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information is the same.

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 discusses changes to the October 2020 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 11944 informs the MACs and the Fiscal Intermediary Shared System (FISS) maintainer that the I/OCE is being updated for October 1, 2020. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. The Centers for Medicare & Medicaid Services (CMS) will post the I/OCE specifications at https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.

The modifications of the I/OCE for the October 2020, v21.3 release, are summarized 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
01/01/2014		Implement the following bill types to be applicable to I/OCE editing and logic processing under OPPS flag value "2" (Non-OPPS): 22x, 23x, 32x, 34x, 43x, 71x, 72x, 74x, 75x, 77x, 78x, 81x, 82x Please see the Edits by bill type tables to see what bill types are acceptable for the OPPS flag = 2 (Non-OPPS).
01/01/2014	13	Remove edit 13 from the following bill types: 22x, 23x, 34x, 74x, 75x
01/01/2014	8	Apply edit 8 to Federally Qualified Health Center (FQHC) Bill Type 77x
10/01/2020		Discontinue the processing of Condition Code 65 for FQHC claims; all claims submitted with bill type 77x are processed under the FQHC PPS logic. See FQHC Processing Under FQHC PPS in the I/OCE specifications document for additional reference.
10/01/2019	113	Implement new edit 113 (Supplementary or additional code not allowed as principal diagnosis) to be returned if a diagnosis from the unacceptable principal diagnosis list is reported as the principal diagnosis on a claim. The unacceptable principal diagnosis list is defined by the Medicare Code Editor (MCE) but there are some exclusions to the MCE list due to current OPPS coding requirements and guidelines. Any diagnosis code flagged as being an exclusion to the Unacceptable Principal Diagnosis list will not return new edit 113. See the Data Table Report; Data_DX10 to reference the list of diagnosis codes applicable to the MCE Unacceptable principal diagnosis list and to reference the diagnosis codes that are exclusions due to current OPPS coding requirements.
03/18/2020	114	Implement new edit 114 (Item or service not allowed with modifier CS) to be returned if an item or service is reported with modifier CS and is not eligible for a coinsurance and deductible waiver. Refer to the DATA_HCPCS table and column named coinsurance_deductible_waiver_eligible for the list of services that are appropriate to report with modifier CS.
10/01/2020	22	Add the following modifiers to the Valid Modifiers list: J5: Dmepos comp bid fur by pt/ot V4: Demonstration modifier 4
10/01/2020	1, 2, 3, 5, 86	Update diagnosis code editing for validity, age, gender and manifestation based on the FY 2021 ICD-10-CM code revisions to the MCE.

Effective Date	Edits Affected	Modification
10/01/2020	29, 109	Update the mental health diagnosis list and Code First diagnosis list based on the FY 2021 ICD-10-CM code revisions.
10/01/2020	68	Apply mid-quarter 68 (NCD) for HCPCS code(s): 99458: 03/01/2020 0202U: 05/20/2020 87426: 06/25/2020 0223U: 06/25/2020 0224U: 06/25/2020 0225U: 08/10/2020 0226U: 08/10/2020 86408: 08/10/2020 86409: 08/10/2020 86413: 09/08/2020 99072: 09/08/2020
10/01/2020	110	Apply mid-quarter edit 110 (Initial Marketing Date) for HCPCS code(s) Q5121: 07/06/2020 Q5112: 04/15/2020
10/01/2020		Restructured the Edits by Bill Type Tables to be consistent with edits returned under each bill type within the current versioning of the IOCE. All historic edits that have fallen out of the scope of current IOCE versioning can be referenced in previously published specifications or can be referred to in the Edit description and reason for generation table. IOCE Edits Applied by OPPS Hospital Bill Type Table [OPPS Flag =1] IOCE Edits Applied by Non-OPPS Hospital Bill Type Table [OPPS Flag =2]
10/01/2020	10, 23, 24	Edits 10,23, and 24 are I/OCE program edits and are applicable to being returned for all bill types under the I/OCE. To reflect this, these three edits are added to each bill type and bill type logic setting within the edits by bill type tables for both OPPS and Non-OPPS [OPPS flag 1 and 2].
10/01/2020		Updated the Edit Description and Reason for Edit Generation Table by shading and italicizing edits that have fallen out of scope of the most current version of the I/OCE. Edits that are deactivated but still in scope of the versioning (7 years) are noted by shading only. Edits that are now applicable to both the OPPS and Non-OPPS flag setting due to the implementation of the specified bill types in item 2 are appropriately updated in the table.
10/01/2020		Updated the Home Health and Hospice Processing logic sections to separate them from each other and provide more detail on the current processing logic applicable to both bill types. No logic changes are being applied.

Effective Date	Edits Affected	Modification
10/01/2020		Make all HCPCS/APC/SI changes as specified by CMS. Updates were made to the following lists: **MAP_ADDON_TYPEI** • Addon Type I procedures (edit 106) **DATA_CAPC** • Comprehensive APC list (updated list and rank) **OFFSET_HCPCS** • Terminated Device Procedures for offset APC **OFFSET_CODEPAIRS** • Device Offset Code Pairs (code pair updates for pass-through device offset) **DATA_HCPCS** • Device-Dependent Procedure list (edit 92) • Terminated Device Procedure list • Edit 92 Modifier Bypass list • Device list • FQHC non-covered list • Low and High Cost Skin Substitute list (edit 87) • Pass-Through Radiopharmaceutical HCPCS • Pass-Through Contrast HCPCS • Pass-Through Skin Product HCPCS • Non-covered services lists (SI = 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) • Service billable only to DMERC (SI=Y, edit 61)
10/01/2020		The following Data Table Report(s) is updated to include new fields: **Data_DX10** • **UNACCEPTABLE_PDX** • **UNACCEPTABLE_PDX_EXCLUSION** **DATA_HCPCS** • **COINSURANCE_DEDUCTIBLE_WAIVER_ELIGIBLE** Please review the File Layout document for the descriptions of all Data Table Reports and associated fields and field values.
10/01/2020	20, 40	Implement version 26.3 of the NCCI (as modified for applicable outpatient institutional providers).

ADDITIONAL INFORMATION

The official instruction, CR 11944, issued to your MAC regarding this change, is available at https://www.cms.gov/files/document/r10382cp.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
October 5, 2020	We revised this article to reflect the revised CR 11944, issued on October 2, 2020. The CR revision added several items to the Summary of Quarterly Release Modifications table, and we made those same changes in the article. Also, we revised the CR release date, transmittal number, and the web address of the CR. All other information is the same.
August 28, 2020	Initial article released.