mln MATTERS®
KNOWLEDGE • RESOURCES • TRAINING

October 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.3

MLN Matters Number: MM10900
Related Change Request (CR) Number: 10900
Related CR Release Date: August 24, 2018
Effective Date: October 1, 2018
Related CR Transmittal Number: R4122CP
Implementation Date: October 1, 2018

PROVIDER TYPE AFFECTED

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

PROVIDER ACTION NEEDED

Change Request (CR) 10900 informs MACs about the changes to the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that will be utilized 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 or to a hospice patient for the treatment of a non-terminal illness. Make sure your billing staffs are aware of these changes.

BACKGROUND

CR10900 informs the A/B MACs, RHHIs, and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for October 1, 2018. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE.

The modifications of the IOCE for the October 2018 V19.3 release are summarized in the table below. Readers 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. The I/OCE specifications will be posted at http://www.cms.gov/OutpatientCodeEdit/.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

Effective Date	Edits Affected	Modification
10/1/2018	1, 2, 3, 5, 86	Updated diagnosis code editing for validity, age, gender and manifestation based on the FY 2019 ICD-10-CM code revisions to the Medicare Code Editor (MCE).
10/1/2018	29	Updated the mental health diagnosis list based on the FY 2019 ICD-10-CM code revisions.
4/1/2018	106, 107, 108	Update Critical Care exception under Add-on Code Editing to only be applicable to bill type 85x submitting professional services with revenue codes 96x, 97x, and 98x.
4/1/2018	107	Update the logic for Add-on Code Edit 107 to be applied only for claims with bill type 85x (Critical Access Hospital (CAH)) and only for professional services reported with revenue codes 96x, 97x and 98x. See also the Edits Applied by Bill Type tables.
4/1/2018	106, 107, 108	Update logic for Add-on Code Editing to implement the edit processing at the claim level rather than line level (line item date of service (LIDOS)). Exception: Claims with 85x bill type reporting professional services with revenue codes 96x, 97x, and 98x continue to process add-on edits at the day level (LIDOS).
1/1/2012	20, 40	Update logic for NCCI Editing to not apply edits 20 or 40 across professional revenue codes (96x, 97x, or 98x) and facility revenue codes submitted on an 85x bill type for CAH. (Note: This change will be made retroactively to both edits inception)
10/1/2018		Update Add-on Code Editing section to include additional conditions for editing.

Effective Date	Edits Affected	Modification
10/1/2018		Update Partial Hospitalization section to note that PHP/DMH processing logic does not occur if there is an inpatient only procedure on the same claim. This is already existing logic that just needed to be documented within the respective processing section.
10/1/2018		Update National Correct Coding Initiative (NCCI) section to include the new condition for editing for Critical Access Hospitals (85x) submitting both professional and facility services on the same day/claim.
10/1/2018		Update the following lists for the release (see quarterly data files): - Add on Type I (edit 106)Add on Type III (edit 108) - Comprehensive Ambulatory Payment Classification (APC) list - Device Procedure list (edit 92) - Terminated device procedures for offset - Pass-through radiopharmaceutical HCPCS for offset APC (edit 99) - Pass-through skin substitute product HCPCS (edit 99) - Pass-through contrast HCPCS for offset APC (edit 99) - Radiological HCPCS reported with FX or FY modifier - Skin Substitute Product (edit 87) - Edit 99 Exclusion (edit 99) - Contrast HCPCS
10/1/2018		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).
10/1/2018	20, 40	Implement version 24.3 of the NCCI (as modified for applicable outpatient institutional providers).

ADDITIONAL INFORMATION

The official instruction, CR10900, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4122CP.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
August 24, 2018	Initial article released.