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April 2021 Integrated Outpatient Code Editor (I/OCE) Specifications Version 22.1

MLN Matters Number: MM12187
Related Change Request (CR) Number: 12187
Related CR Release Date: March 8, 2021
Effective Date: April 1, 2021
Related CR Transmittal Number: R10667CP
Implementation Date: April 5, 2021

PROVIDER TYPES AFFECTED

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

PROVIDER ACTION NEEDED

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

- Under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers
- For limited services when provided in a HH agency not under the HH PPS
- For a hospice patient for treating a non-terminal illness

Please make sure your billing staffs are aware of these changes.

BACKGROUND

CR 12187 informs the MACs and the Fiscal Intermediary Shared System (FISS) maintainer that an I/OCE update will occur on April 1, 2021. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE.

We summarize the modifications of the I/OCE for the April 2021, V22.1 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

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retroactive date appears in the 'Effective Date' column.

Summary of Quarterly Release Modifications

Effective Date	Edits Affected	Modification
07/01/2014	23	Update program logic for HH claims (32x) to exclude edit 23 from being returned on a line item(s) reporting the HIPPS code with revenue code 0023. See Home Health Processing Logic in the I/OCE specifications for more information.
04/01/2021		Update program logic for FQHC claims (77x) for new opioid use disorder (OUD) treatment demonstration HCPCS code G2172. If you report HCPCS G2172, the Payment Indicator is set to 2, the Packaging Flag is set to 0, and edits 88 and 89 are bypassed if no FQHC payment code and/or qualifying visit code is present. See new logic section FQHC PPS - Opioid Use Disorder Treatment Demonstration in I/OCE specifications for more information.
01/01/2017		Update program logic to assign payment method flag 8 if you report clinic visit code G0463 with modifier PN, regardless of when the payment adjustment flag value assignment is 4, 9, or 10. See Criteria for Non-Excepted Services Reported with Modifier PN in I/OCE specifications for updated information.
01/01/2016	93	Update program logic by removing edit 93 from being returned on the following bill type settings. **OPPS**: 22x, 32x, 34x, 72x, 74x, 75x, 81x, 82x **Non-OPPS**: 13x w/CC 41, 14x
01/01/2016	98	Update program logic by Removing edit 98 from being returned on the following bill type settings. **OPPS**: 22x, 32x, 34x, 43x, 71x, 72x, 74x, 75x, 77x, 81x, 87x
01/01/2017	100	Update program logic by removing edit 100 from being returned on the following bill type settings. **OPPS**: 22x, 32x, 34x, 43x, 71x, 72x, 74x, 75x, 77x, 81x, 87x **Non-OPPS**: 13x with CC41, 14x
01//01/2017	101	Update program logic by excluding Section 603 logic and edit 101 from applying to Bill Type 13x with Condition Code 89 (Hospital Outpatient with Opioid Treatment Program).

Effective Date	Edits Affected	Modification
04/01/2021	110	Revise the mid-quarter effective date of edit 110 (FDA) for the following HCPCS codes. M0239, Q0239: effective date 11/09/2020 **Note:** The following codes are also added to be effective within the October quarter in order to apply their mid-quarter effective dates. 0001A, 0002A, 91300: effective date 12/11/2020 0011A, 0012A, 91301: effective date 12/18/2020
10/6/2020	83	Revise the termination date of mid-quarter edit 83 to 10/05/2020 for HCPCS code 87450, to allow for edit 83 to be returned on dates of service exceeding 10/06/2020
10/01/2019	113	Update the list of diagnosis codes that are OPPS exclusions to the Unacceptable Principal Diagnosis edit 113. Diagnoses that are identified and flagged as OPPS exclusions do not return edit 113.
04/01/2021	92	Revised reference to device-dependent procedures to device-intensive procedures. This includes a revision to the description of edit 92. See Device Intensive Procedure Editing and Processing section of I/OCE specifications for revision updates.
04/01/2021	77	Remove edit 77 as an applicable edit returned under bill type 12x (OPPS) from the I/OCE Edits Applied by OPPS Hospital Bill Type Table [OPPS Flag = 1].
04/01/2021	115	Remove edit 115 as an applicable edit returned under Non-OPPS bill type 83x within the I/OCE Edits Applied by Non-OPPS Hospital Bill Type Table [OPPS Flag =2]
04/01/2021	93, 100	Add edits 93 and 100 as applicable edits returned under Non-OPPS bill type 12x, 13x, 85x within the I/OCE Edits Applied by Non-OPPS Hospital Bill Type Table [OPPS Flag =2]

Effective Date	Edits Affected	Modification
01/01/2021		Make all Diagnosis, HCPCS, APC, SI and edit changes as CMS specifies. We made updates to the following tables and lists: **DATA_DX10:** Unacceptable pdx OPPS exclusions (edit 113 exclusions) **MAP_ADDON_TYPE1:** Type I addon procedures (edit 106) **MAP_ADDON_TYPE2:** Type II addon procedures (edit 107) **MAP_CONFLICT_RHC:** RHC CG Modifier Bypass list (edit 104) **MAP_CAPC:** • CAPC Complexity Adjusted Code Pairs **OFFSET_HCPCS:** • Terminated Device Procedure offset **DATA_CAPC:** • Comprehensive APC procedures (rank update) **DATA_HCPCS** • Device Procedure list • Edit 92 Device Procedure Bypass list (edit 92) (retroactive change for 28300: 01/01/2019) • Terminated Device Procedure list • CAPC exclusion list • Pass-Through Radiopharm HCPCS list • Low and High Cost Skin Substitute list (edit 87) (retroactive changes) • FQHC Non-covered list • FQHC Flu PPV • FQHC preventive services list • Deductible Coinsurance N/A • Non-covered services lists (SI = E1, edit 9) • Not recognized by Medicare (SI=E1, edit 28) • Non-reportable for OPPS list (SI = B, edit 62) • DMERC billable services only (SI=Y, edit 61) • Coinsurance and Deductible Waiver eligible (CS modifier, edit 114) • Female only procedure list (edit 8)
01/01/2021	20, 40	Implement version 27.1 of the NCCI (as modified for applicable outpatient institutional providers).

ADDITIONAL INFORMATION

The official instruction, CR 12187, issued to your MAC regarding this change is available at https://www.cms.gov/files/document/r10667cp.pdf.

If you have questions, your MACs may have more information. The CMS website contains the list of MAC websites so you can find yours.

DOCUMENT HISTORY

Date of Change	Description
March 8, 2021	Initial article released.