

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – In response to shortage of liposomal doxorubicin (Doxil), the Food and Drug Administration is permitting the temporary importation of Lipodox, a brand of liposomal doxorubicin hydrochloride. Visit <http://www.FDA.gov/NewsEvents/Newsroom/PressAnnouncements/ucm292658.htm> for additional information. The CMS HCPCS Quarterly Update includes two new codes (Q2048 and Q2049) for liposomal doxorubicin that will become effective Sunday, July 1, 2012. The code descriptors are worded in a manner that distinguishes Lipodox and Doxil. As of Sunday, July 1, 2012, HCPCS code J9001 will not be used for Medicare billing. CMS will release a Change Request (CR) with additional instructions in the near future.

MLN Matters® Number: MM7841

Related Change Request (CR) #: CR 7841

Related CR Release Date: May, 11, 2012

Effective Date: July 1, 2012 (unless otherwise noted)

Related CR Transmittal #: R2468CP

Implementation Date: July 2, 2012

July 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.2

Provider Types Affected

This MLN Matters® Article is intended for providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or Regional Home Health Intermediaries (RHHIs)) for providing Medicare beneficiaries outpatient services that are paid under the Outpatient Prospective Payment System (OPPS), and for outpatient claims from any non-OPPS provider that are not paid under the OPPS, including hospital outpatient departments and community mental health centers, and for claims for limited services when provided in a home health agency not under the Home Health Prospective Payment System (HHPPS) or for services to a hospice patient for the treatment of a non-terminal illness.

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Provider Action Needed

CR 7841, from which this article is taken, provides Medicare contractors instructions and specifications for the Integrated Code Editor (ICE) that will be utilized under the OPPOS and Non-OPPOS for all institutional outpatient claims, including non-OPPOS hospital claims.

You should make sure that your billing staffs are aware of these changes.

Background

CR 7841, from which this article is taken, informs the Medicare contractors that the ICE is being updated for July 1, 2012 for: 1) hospital outpatient departments, 2) community mental health centers, 3) all non-OPPOS providers, and 4) for limited services when provided in a home health agency not under the HHPOS or to a hospice patient for the treatment of a non-terminal illness.

Note: The full list of ICE specifications can now be found at <http://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/index.html> on the Centers for Medicare & Medicaid Services (CMS) website. In addition, numerous changes to Ambulatory Payment Classification (APC), HCPCS and CPT Codes, effective with the July 2012 ICE, are also listed in the Summary of Data Changes document attached to CR7841. The CR is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2468CP.pdf> on the CMS website.

A summary of the ICE modifications for July 2012 is within Appendix M, which is attached to CR7841 and is summarized as follows:

- Effective October 1, 2011, Medicare will apply Payment Adjustment Flag (PAF) 9 (Deductible/Co-insurance not applicable) to any claim lines when modifier Q3 is present on the line.
- Effective October 1, 2005, the ICE deactivates edits described as mutually exclusive to earliest non-archived version. (Mutually exclusive National Correct Coding Initiative (NCCI) edits retroactively merged with code 1/code 2 edits.)
- Effective April 1, 2012, skin substitute codes C9368, C9369, Q4123, Q4125, Q4128, and Q4129 are added to the skin substitute logic.
- Effective July 1, 2012, implement version 18.2 of the NCCI (as modified for applicable institutional providers).
- Effective January 1, 2012, the list of primary procedures reportable with add-on code 33225 is updated to remove 33222 and to add 33228, 33229, 33263, and 33264.
- Effective July 1, 2012, the ICE will update the device code used for edit 85, replacing deleted code C9732 with new code 0308T.

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Additional Information

The official instruction, CR 7841 issued to your FI, RHHI, or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2468CP.pdf> on the CMS website. If you have any questions, please contact your FI, RHHI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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