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Information for Medicare Fee-for-Service Health Care Professionals

News Flash – A Special Edition MLN Matters provider education article is now available at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0904.pdf* on the CMS website. This Special Edition article alerts providers regarding the implementation of HIPAA 5010 which presents substantial changes in the content of the data that providers submit with their claims as well as the data available to them in response to their electronic inquiries and outlines how providers need to plan for implementation of these changes.

MLN Matters® Number: MM6480

Related Change Request (CR) #: 6480

Related CR Release Date: May 15, 2009

Effective Date: July 1, 2009

Related CR Transmittal #: R1739CP

Implementation Date: July 6, 2009

July 2009 Integrated Outpatient Code Editor (I/OCE) Specifications Version 10.2

Provider Types Affected

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

Provider Action Needed

This article is based on Change Request (CR) 6480, which notifies providers that the I/OCE Specifications Version 10.2, is effective July 1, 2009. Be sure billing staffs are aware of these changes.

Background

CR 6480 informs Medicare contractors and providers that the Integrated OCR (I/OCE) will be updated for July 1, 2009. CR 6480 provides the Integrated OCE instructions and specifications for the I/OCE that will be utilized under the OPPS and Non-OPPS for hospital outpatient departments, community mental health centers (CMHCs), and for all non-OPPS providers, and for limited services when provided in a home health agency (HHA) not under the Home Health Prospective

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Payment System or to a hospice patient for the treatment of a non-terminal illness. A summary of the changes for July 2009 is within Appendix M of Attachment A of CR 6480 and that summary is captured in the following key points.

Key Points of CR 6480

Medicare has made the following Healthcare Common Procedure Coding System/Ambulatory Payment Class/Status Indicator (HCPCS/APC/SI) changes:

Added APCs

- APC 01268 (Xyntha, inj), APC 01269 (Alloskin skin sub) and APC 01270 (Alloderm skin sub) with Status Indicators (SI) = K have been added effective July 1, 2009.
- APC 09250 (Artiss fibrin sealant), APC 09251 (Inj, C1 esterase inhibitor), APC 09252 (Injection, plerixafor), APC 09253 (Injection, temozolomide), APC 09360 (SurgiMend, neonatal), APC 09361(NeuraMend nerve wrap), APC 09362 (Implnt,bone void filler-strip), APC 09363(Integra Meshed Bil Wound Mat), and APC 09364 (Porcine implant, Permacol) with SIs = G have been added effective July 1, 2009.

APC Description Changes

- APC 09358 previously had a description of SurgiMend, 0.5cm2 and now has a new description of SurgiMend, fetal.
- APC 09359 previously had a description of Implant, bone void filler and now has a new description of Implnt,bone void filler-putty.

New HCPCS

(All new HCPCS under this heading have an effective date of July 1, 2009.)

- HCPCS 0199T (Physiologic tremor record), with an APC of 00215 and an SI = S.
- HCPCS 0200T (Perq sacral augmt unilat inj), with an APC of 00049 and an SI = T.
- HCPCS 0201T (Perq sacral augmt bilat inj), with an APC of 00050 and an SI = T.
- HCPCS 0202T (Post vert arthrplst 1 lumbar), with an APC of 00000 and an SI = C.
- HCPCS 90670 (Pneumococcal vacc, 13 val im), with an APC of 00000 and an SI = E.

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- HCPCS C9250 (Artiss fibrin sealant), with an APC of 09250 and an SI = G.
- HCPCS C9251 (Inj, C1 esterase inhibitor), with an APC of 09251 and an SI = G.
- HCPCS C9252 (Injection, plerixafor), with an APC of 09252 and an SI = G.
- HCPCS C9253 (Injection, temozolomide), with an APC of 09253 and an SI = G.
- HCPCS C9360 (SurgiMend, neonatal), with an APC of 09360 and an SI = G.
- HCPCS C9361 (NeuraMend nerve wrap), with an APC of 09361 and an SI = G.
- HCPCS C9362 (Implnt,bon void filler-strip), with an APC of 09362 and an SI = G.
- HCPCS C9363 (Integra Meshed Bil Wound Mat), with an APC of 09363 and an SI = G.
- HCPCS C9364 (Porcine implant, Permacol), with an APC of 09364 and an SI = G.
- HCPCS Q2023 (Xyntha, inj), with an APC of 01268 and an SI = K.
- HCPCS Q4115 (Alloskin skin sub), with an APC of 01269 and an SI = K.
- HCPCS Q4116 (Alloderm skin sub), with an APC of 01270 and an SI = K.

HCPCS Description Changes

- HCPCS C9358 had an old description of SurgiMend, 0.5cm2 and now has a new description of SurgiMend, fetal effective July 1, 2008.
- HCPCS C9359 had an old description of Implant, bone void filler and now has a new description of Implnt,bon void filler-putty effective October 1, 2008.
- HCPCS 4266F had an old description of No wet-dry drssings Rx-recmd and now has a new description of No Wet-dry drssings Rx-recmd effective July 1, 2009.

HCPCS Changes to Edit and/or SI

- HCPCS 99251, 99252, 99253, 99254 and 99255 were changed from SI = M to SI = C effective January 1, 2009.
- HCPCS K0740 was changed from SI = Y to SI = E and from Old Edit = 61 to New Edit = 9 effective April 1, 2009.

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Modifier Additions

- Modifiers PA, PB and PC are valid modifiers effective January 1, 2009.
- Modifiers PI and PS are valid modifiers effective April 1, 2009.

Deleted Modifier

- Modifier K8 has been deleted from the list of valid modifiers effective April 1, 2009.

Correct Coding

Version 15.1 of the National Correct Coding Initiatives will be implemented effective with the July 2009 version of the I/OCE.

Additional Information

If you have questions, please contact your Medicare MAC or FI at their toll-free number which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR6480) issued to your Medicare MAC and/or FI is available at *http://www.cms.hhs.gov/Transmittals/downloads/R1739CP.pdf* on the CMS website.

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