

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2704</b>	<b>Date: May 17, 2013</b>
	<b>Change Request 8317</b>

**SUBJECT: July 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.2**

**I. SUMMARY OF CHANGES:** This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPPTS and Non-OPPTS for hospital outpatient departments, community mental health centers, all non-OPPTS 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. The attached Recurring Updated Notification applies to 100-04, Chapter 4, section 40.1.

**EFFECTIVE DATE: July 1, 2013**

**IMPLEMENTATION DATE: July 1, 2013**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Recurring Update Notification

<b>Pub. 100-04</b>	<b>Transmittal: 2704</b>	<b>Date: MAY 17, 2013</b>	<b>Change Request: 8317</b>
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**SUBJECT: July 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.2**

**EFFECTIVE DATE: July 1, 2013**

**IMPLEMENTATION DATE: July 1, 2013**

## I. GENERAL INFORMATION

**A. Background:** This instruction informs the Fiscal Intermediaries (FIs), A/B MACs, RHHs and the Fiscal Intermediary Shared System (FISS) that the I/OCE was updated for July 1, 2013. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE which eliminates the need to update, install, and maintain two separate OCE software packages on a quarterly basis. The attached Recurring Updated Notification applies to 100-04, Chapter 4, section 40.1.

**B. Policy:** This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the 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. The I/OCE specifications will be posted to the CMS Website and can be found at <http://www.cms.gov/OutpatientCodeEdit/>.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility											
		A/B MAC			D M E	F I	C A R	R H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8317.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.								X				
8317.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at <a href="http://www.cms.gov/OutpatientCodeEdit/">http://www.cms.gov/OutpatientCodeEdit/</a>	X				X		X	X				

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC	D M E	F I	C A R	R H H	Other

		A	B	H H H	M A C		R I E R	I	
8317.3	MLN Article : A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				X		X	

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:** CR 5344, Transmittal 1107: Notification of an Integrated Outpatient Code Editor (OCE) for the July 2007 Release

#### V. CONTACTS

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**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**  
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

**Section B: For Medicare Administrative Contractors (MACs):**  
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to

be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**(Attachments 2)**

**FINAL**  
**Summary of Data Changes**  
**Integrated OCE v 14.2**  
**Effective July 1, 2013**

## Table of Contents

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## DEFINITIONS

- A blank in a field indicates 'no change'
- The "old" column describes the attribute prior to the change being made in the current update, which is indicated in the "new" column. If the effective date of the change is the same as the effective date of the new update, 'old' describes the attribute up to the last day of the previous quarter. If the effective date is retroactive, then 'old' describes the attribute for the same date in the previous release of the software.
- "Unassigned", "Pre-defined" or "Placeholder" in APC or HCPCS descriptions indicates that the APC or HCPCS code is inactive. When the APC or HCPCS code is activated, it becomes valid for use in the OCE, and a new description appears in the "new description" column, with the appropriate effective date.
- Activation Date (ActivDate) indicates the mid-quarter date of FDA approval for a drug, or the mid-quarter date of a new or changed code resulting from a National Coverage Determination (NCD). The Activation Date is the date the code becomes valid for use in the OCE. If the Activation Date is blank, then the effective date takes precedence.
- Termination Date (TermDate) indicates the mid-quarter date when a code or change becomes inactive. A code is not valid for use in the OCE after its termination date.
- For codes with SI of "Q1, Q2, and Q3", the APC assignment is the standard APC to which the code would be assigned if it is paid separately.

## **APC CHANGES**

### **Added APCs**

The following APC(s) were added to the IOCE, **effective 07-01-13**

APC	APCDesc	StatusIndicator
01356	Zoledronic acid 1mg	K
01452	Memoderm/derma/tranz/integup	K
01453	hMatrix	K
09131	In ado-trastuzumab emtansine	G

### **Deleted APCs**

The following APC(s) were deleted from the IOCE, **effective 07-01-13**

APC	APCDesc
00951	Reclast injection
09115	Zoledronic acid

### **APC Description Changes**

The following APC(s) had description changes, **effective 07-01-13**

APC	Old Description	New Description
07046	Doxil injection	Doxorubicin inj 10mg
09297	Omacetazine mepesuccinate	Omacetaxine mepesuccinate

### **APC Status Indicator Changes**

The following APC(s) had Status Indicator changes, **effective 07-01-13**

APC	Old SI	New SI
01419	K	G



## HCPCS/CPT PROCEDURE CODE CHANGES

### Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-12**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G0460	Autologous PRP for ulcers	T	00013		20120802	

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-13**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0329T	Mntr io press 24hrs/> uni/bi	E	00000	9		
0330T	Tear film img uni/bi w/i&r	S	00230			
0331T	Heart symp image plnr	S	00398			
0332T	Heart symp image plnr spect	S	00398			
0333T	Visual ep acuity screen auto	E	00000	9		
0334T	Perq stablj sacroiliac joint	T	00208			
C9131	In ado-trastuzumab emtansine	G	09131	55		
C9736	Lap ablate uteri fibroid rf	T	00131	55		
K0008	Cstm manual wheelchair/base	Y	00000	61		
K0013	Custom power whlchr base	Y	00000	61		
K0900	Cstm dme other than wheelchr	Y	00000	61		
Q0090	Skyla 13.5mg	E	00000	50		
Q2033	Influenza Vaccine, (Flublok)	L	00000			
Q2050	Doxorubicin inj 10mg	K	07046			
Q2051	Zoledronic acid 1mg	K	01356			

### Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-13**

HCPCS	CodeDesc
C1879	Tissue marker, implantable

### HCPCS Description Changes

The following code descriptions were changed, **effective 01-01-13**

HCPCS	Old Description	New Description
72040	X-ray exam neck spine 3/<vws	X-ray exam neck spine 2-3 vw

The following code descriptions were changed, **effective 04-01-13**

HCPCS	Old Description	New Description
C9297	Omacetazine mepesuccinate	Omacetaxine mepesuccinate

The following code descriptions were changed, **effective 07-01-13**

HCPCS	Old Description	New Description
Q0509	Mis sup/ac imp vad nopay med	Mis sup/ac imp VAD nopay med
Q5001	Hospice in patient home	Hospice or home hlth in home
Q5002	Hospice in assisted living	Hospice/home hlth in asst lv
Q5009	Hospice care, NOS	Hospice/home hlth, place NOS

### **HCPCS Changes- APC, Status Indicator and/or Edit Assignments**

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-13** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
81500	Onco (ovar) two proteins			A	E	N/A	9
81503	Onco (ovar) five proteins			A	E	N/A	9
81506	Endo assay seven anal			A	E	N/A	9
81508	Ftl cgen abnor two proteins			A	E	N/A	9
81509	Ftl cgen abnor 3 proteins			A	E	N/A	9
81510	Ftl cgen abnor three anal			A	E	N/A	9
81511	Ftl cgen abnor four anal			A	E	N/A	9
81512	Ftl cgen abnor five anal			A	E	N/A	9
90686	Flu vac no prsv 4 val 3 yrs+			E	L	28	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-13** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A9699	Radiopharm rx agent noc			N	A	N/A	66
A9700	Echocardiography Contrast			B	N	62	N/A
J3487	Zoledronic acid	09115	00000	K	E	N/A	28
J3488	Reclast injection	00951	00000	K	E	N/A	28
J9002	Doxil injection	07046	00000	K	E	N/A	28
Q4122	Dermacell			K	G		
Q4126	Memoderm/derma/tranz/integup	00000	01452	E	K	9	N/A
Q4134	hMatrix	00000	01453	E	K	28	N/A

### **Hcpcs Edit Changes**

The following code(s) were added to the list of female procedures, **effective 07-01-13**

Hcpcs
C9736
Q0090

### **Edit Assignments**

The following code(s) were added to edit 67, 68, 69 or 83 **effective 07-01-12**

HCPCS	Edit#	ActivDate	TermDate
G0460	68	20120802	0

The following code(s) were added to the unclassified drug list **effective 07-01-13**

HCPCS
A9699

The following code(s) were added to the conditional bilateral list, **effective 01-01-13**

HCPCS
37211
37212
92071

The following code(s) were removed from the independent bilateral list, **effective 01-01-13**

HCPCS
92071

### **Procedure/ Device Pair Changes**

The following procedure/device code pair requirements were added, **effective 01-01-13**

Proc	Device1
92920	C1885

### **Skin Substitute Product Changes**

The following code(s) were added to the skin substitute product list, **effective 07-01-13**

HCPCS
Q4126
Q4134

## **MODIFIERS**

### **Added Modifiers**

The following modifier(s) were added to the list of valid modifiers, **effective 07-01-13**

modif	ACTIVATIONDATE
JE	0

## Appendix M

### Summary of Modifications

The modifications of the IOCE for the July 2013 release (V14.2) are summarized in the table below. Readers should also read through the entire document and note the highlighted sections, which also indicate changes from the prior release of the software.

Some IOCE modifications in the update may also be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

#	Type	Effective Date	Edits Affected	Modification
1.	Logic	7/1/2013	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. (The earliest version date included in this July 2013 release will be 10/1/2006).
2.	Logic	<b>8/2/2012</b>	68	Implement mid-quarter NCD approval coverage for code G0460.
3.	Logic	7/1/2013	66	Apply edit 66 to code A9699 as an unclassified drug requiring manual pricing.
4.	Content	7/1/2013	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
5.	Content	<b>1/1/2013</b>	71	Update procedure/device edit requirement, retroactive to 1/1/2013.
6.	Content	7/1/2013	20, 40	Implement version <b>19.2</b> of the NCCI (as modified for applicable institutional providers).
7.	Content	7/1/2013	22	Add new modifier JE (Administered Via Dialysate) to the list of valid modifiers.
8.	Content	7/1/2013	-	Update the skin substitute product list.
9.	Doc	7/1/2013	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.
10.	Other	7/1/2013	-	Deliver quarterly software update & all related documentation and files to users via electronic means.