

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3735	Date: March 10, 2017
	Change Request 10002

SUBJECT: April 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.1

I. SUMMARY OF CHANGES: 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 attached Recurring Update Notification applies to 100-04, Chapter 4, section 40.1.

EFFECTIVE DATE: April 1, 2017

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

IMPLEMENTATION DATE: April 3, 2017

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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

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 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.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 3735	Date: March 10, 2017	Change Request: 10002
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SUBJECT: April 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.1

EFFECTIVE DATE: April 1, 2017

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

IMPLEMENTATION DATE: April 3, 2017

I. GENERAL INFORMATION

A. Background: This instruction informs the A/B MACs Part A, the A/B MACs Part HHH and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for April 1, 2017. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. The attached Recurring Update 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 M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10002.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X					
10002.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at http://www.cms.gov/OutpatientCodeEdit/ .	X		X		X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
10002.3	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ 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 5 business days after receipt of the notification from CMS announcing the availability of the 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		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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 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: 0

Summary of Quarterly Release Modifications

The modifications of the IOCE for the April 2017 V18.1 release 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 be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

#	Type	Effective Date	Edits Affected	Modification
1	Logic	4/1/2017	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date included for this release is 7/1/2010.
2	Logic	1/1/2017	101	Update Section 603 logic to remove observation and change Payment Method Flag assignment to 8 (see Appendix E, Appendix Q).
3	Logic	1/1/2017		Update Section 603 logic to change the Payment Method Flag to 8 for New Technology APCs (see Appendix Q).
4	Logic	1/1/2015		Update comprehensive APC logic to clear Composite Adjustment Flag assignment (if present) from the output when reported on a comprehensive APC claim (see Special processing logic, Appendix K - multiple imaging composite and Appendix L).
5	Logic	1/1/2017		Update logic to output SI = E1 for revenue codes reported without HCPCS codes that previously had SI = E (see Appendix N).
6	Logic	1/1/2017		Update logic for Advance Care Planning (ACP) to revert to processing at the day level (not claim level). Additionally, update logic for add-on ACP code 99498 to retain SI = N when reported on a claim with the AWV but without primary ACP code 99497 (see Special processing logic).
7	Logic	2/1/2017	68	Implement mid-quarter coverage for new PLA (Proprietary laboratory analysis) codes 0001U, 0002U, and 0003U.
8	Logic	4/1/2017	84	Terminate the editing requirements for PHP/CMHC add-on codes reported without a primary PHP procedure (see notes in Table 4 and Appendix F-a).
9	Logic	1/1/2017		Correct conditional APC program logic to assign standard SI/APC for critical care ancillary service codes 36600, 43752 and 94660 that have SI = Q1 when the codes are reported without critical care or other payable HCPCS.
10	Documentation	4/1/2017		Revised documentation in the special processing logic section for Conditional APC processing and Critical Care Ancillary Services processing for clarity; this clarification does not represent any changes to the processing logic.
11	Content	4/1/2017		Update the following lists for the release (see quarterly data files): <ul style="list-style-type: none"> - Edit 99 exclusion list - Device procedure list (edit 92) - Skin substitute product list (edit 87 and Appendix O) - Complexity-adjusted comprehensive APC pairs (new table, CapcPairs) - Terminated Device-Procedures (terminated procedures or those submitted for device credit): note several codes with corrected device credit amounts - Code Pairs (termination of PHP pairs for edit 84; move complexity-adjusted pairs to new table CapcPair) - Offset APC (Contrast APCs subject to pass-through offset) - Radiation HCPCS (new table listing HCPCS subject to Section 603 exclusion logic)
12	Content	4/1/2017		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).
13	Content	4/1/2017	20, 40	Implement version 23.1 of the NCCI (as modified for applicable outpatient institutional providers).
14	Other	4/1/2017		Create 508-compliant versions of the Specifications and Summary of Data Changes documents for publication on the CMS web site. Provide MF and PC IOCE software and supporting quarterly data file reports for publication on the CMS web site.
15	Other	4/1/2017		Deliver quarterly software update and all related documentation and files to users via electronic download.

FINAL
Summary of Data Changes
Integrated OCE v18.1
Effective April 1, 2017

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 01-01-17**

APC	APCDesc	StatusIndicator
01863	Inj diclofenac sodium 0.5mg	K

The following APC(s) were added to the IOCE, **effective 04-01-17**

APC	APCDesc	StatusIndicator
01862	Gel-syn injection 0.1 mg	G
09484	Injection, eteplirsen	G
09485	Injection, olaratumab	G
09486	Inj, granisetron ext	G
09487	Ustekinumab IV inj, 1 mg	G
09488	Conivaptan HCL	G

Section 603 APC Exclusions

The following APC(s) were removed from the list of APCs excluded from Section 603 payment reduction, **effective 01-01-17**

APC
1491
1492
1493
1494
1495
1496
1497
1498
1499
1500
1502
1503
1504
1505
1506
1507
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1509
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APC
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1564
1565
1566

APC
1567
1568
1569
1570
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1574
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1577
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1580
1581
1582
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1901
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1903
1904
1905
1906

APC Status Indicator Changes

The following APC(s) had Status Indicator changes, **effective 04-01-17**

APC	Old SI	New SI
01847	K	G

APC Payment Offset Changes

The following APC(s) were removed from the list that may be subject to pass-through payment offset for radiological contrast, **effective 01-01-17**

APC
5114
5181
5182
5183
5191
5192
5193
5200
5301
5341
5361
5362
5523
5524
5881
8006
8008

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-17**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0001U	Rbc dna hea 35 ag 11 bld grp	Q4	00000		20170201	
0002U	Onc clrct 3 ur metab alg plp	Q4	00000		20170201	
0003U	Onc ovar 5 prtn ser alg scor	Q4	00000		20170201	

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-17**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9484	Injection, eteplirsen	G	09484	55		
C9485	Injection, olaratumab	G	09485	55		
C9486	Inj, granisetron ext	G	09486	55		
C9487	Ustekinumab IV inj, 1 mg	G	09487	55		
C9488	Conivaptan HCL	G	09488	55		

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-17**

HCPCS	CodeDesc
G0477	Drug test presumpt optical
G0478	Drug test presumpt opt inst
G0479	Drug test presumpt not opt

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

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-17** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
C1842	Retinal prosth, add-on			N	E1	N/A	9
J1130	Inj diclofenac sodium 0.5mg	00000	01863	E2	K	13	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-17** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J7328	Gel-syn injection 0.1 mg	00000	01862	E2	G	13	N/A
Q5102	Inj., infliximab biosimilar			K	G		

Comprehensive APC Complexity Adjusted Code Pair Changes

The following code pairs were removed from the comprehensive APC complexity adjusted pairs list, **effective 01-01-17**

Primary CompApc Proc	Secondary CompApc Proc
11752	11752
28308	28290
36870	36870
47511	47525
47511	47555
47525	47525
47525	49423
47555	47630
47556	47511
50382	50398
50392	52005
50392	52351
50393	52005
50393	52332
50398	49423

50398	50398
52235	50393
52240	50392
52240	50393
52332	50392
52356	50393

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 01-01-17**

HCPCS	Edit#	ActivDate	TermDate
0001U	68	20170201	0
0002U	68	20170201	0
0003U	68	20170201	0

The following drug or biological code(s) were added to the list of exclusions for not requiring an OPPS payable procedure for edit 99, **effective 01-01-17**

HCPCS
J7175
J7178
J7182
J7202
J7207
J7209

The following drug or biological code(s) were removed from the list of exclusions for not requiring an OPPS payable procedure for edit 99, **effective 01-01-17**

HCPCS
J7196
J7197

Add-on/Primary Procedure Pair Changes

The following add-on/primary procedure pair requirements were removed, **effective 04-01-17**

Addon	Primary
90785	90791
90785	90792
90785	90832
90785	90833
90785	90834
90785	90836
90785	90837

Addon	Primary
90785	90838
90785	99201
90785	99202
90785	99203
90785	99204
90785	99205
90785	99211
90785	99212
90785	99213
90785	99214
90785	99215
90785	99217
90785	99218
90785	99219
90785	99220
90785	99221
90785	99222
90785	99223
90785	99224
90785	99225
90785	99226
90785	99231
90785	99232
90785	99233
90785	99234
90785	99235
90785	99236
90785	99238
90785	99239
90785	99304
90785	99305
90785	99306
90785	99307
90785	99308
90785	99309
90785	99310
90785	99315
90785	99316
90785	99318
90785	99324
90785	99325
90785	99326
90785	99327
90785	99328
90785	99334
90785	99335
90785	99336
90785	99337
90785	99341
90785	99342
90785	99343

Addon	Primary
90785	99344
90785	99345
90785	99347
90785	99348
90785	99349
90785	99350
90785	G0410
90785	G0411
90785	G0463
90833	99201
90833	99202
90833	99203
90833	99204
90833	99205
90833	99211
90833	99212
90833	99213
90833	99214
90833	99215
90833	99217
90833	99218
90833	99219
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90833	99225
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90833	99231
90833	99232
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90833	99307
90833	99308
90833	99309
90833	99310
90833	99315
90833	99316
90833	99318
90833	99324
90833	99325
90833	99326
90833	99327

Addon	Primary
90833	99328
90833	99334
90833	99335
90833	99336
90833	99337
90833	99341
90833	99342
90833	99343
90833	99344
90833	99345
90833	99347
90833	99348
90833	99349
90833	99350
90833	G0463
90836	99201
90836	99202
90836	99203
90836	99204
90836	99205
90836	99211
90836	99212
90836	99213
90836	99214
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90836	99304
90836	99305
90836	99306
90836	99307
90836	99308
90836	99309
90836	99310
90836	99315

Addon	Primary
90836	99316
90836	99318
90836	99324
90836	99325
90836	99326
90836	99327
90836	99328
90836	99334
90836	99335
90836	99336
90836	99337
90836	99341
90836	99342
90836	99343
90836	99344
90836	99345
90836	99347
90836	99348
90836	99349
90836	99350
90836	G0463
90838	99201
90838	99202
90838	99203
90838	99204
90838	99205
90838	99211
90838	99212
90838	99213
90838	99214
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90838	99305

Addon	Primary
90838	99306
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90838	99334
90838	99335
90838	99336
90838	99337
90838	99341
90838	99342
90838	99343
90838	99344
90838	99345
90838	99347
90838	99348
90838	99349
90838	99350
90838	G0463

Device Dependent Procedure Changes

The following code(s) were removed from the device dependent procedure list (edit 92), **effective 01-01-15**

HCPCS
36815

Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 10-01-16**

HCPCS
Q4158

The following code(s) were added to the skin substitute high cost product list, **effective 04-01-17**

HCPCS
Q4161
Q4169
Q4173
Q4175

Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 10-01-16**

HCPCS

Q4158

The following code(s) were removed from the skin substitute low cost product list, **effective 04-01-17**

HCPCS

Q4161

Q4169

Q4171

Q4173

Q4175
