

<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 3777</b>	<b>Date: May 19, 2017</b>
	<b>Change Request 10115</b>

**SUBJECT: July 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.2**

**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: July 1, 2017**

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

**IMPLEMENTATION DATE: July 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.*

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

<b>Pub. 100-04</b>	<b>Transmittal: 3777</b>	<b>Date: May 19, 2017</b>	<b>Change Request: 10115</b>
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**SUBJECT: July 2017 Integrated Outpatient Code Editor (I/OCE) Specifications Version 18.2**

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## 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 July 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		
10115.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X					
10115.2	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					

## 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
10115.3	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 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

**Pre-Implementation Contact(s):** Yvonne Young, [Yvonne.Young@cms.hhs.gov](mailto:Yvonne.Young@cms.hhs.gov) , Marina Kushnirova, [Marina.Kushnirova@cms.hhs.gov](mailto:Marina.Kushnirova@cms.hhs.gov) , Fred Rooke, [Fred.Rooke@cms.hhs.gov](mailto:Fred.Rooke@cms.hhs.gov)

**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 July 2017 V18.2 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	7/1/2017	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 10/1/2010.
2	Logic	1/1/2017		Modify the logic for CMHC claims (bill type 76x) eligible for outlier payment limitations related to condition code MY; if present with or without condition code 66, new payment method flag 9 is assigned to OPSS payable lines (see special processing logic and Appendix E).
3	Logic	1/1/2016		Assign a payment APC of '00000' for drug HCPCS codes with SI = G or K (see special processing logic and note in Appendix E).
4	Logic	7/1/2017	95	<p>Reactivate edit 95 as a line item informational only edit returned when weekly PHP services do not meet the 20-hour per week service requirement (see special processing logic, tables 4, 5 and 7; note in Appendix C-a flowchart). A new value of 3 returned in the line item denial or rejection flag field is returned indicating the rejection has no impact on payment for the line(s) returning edit 95.</p> <p>Edit description is modified to: Weekly partial hospitalization services require a minimum of 20 hours of service as evidenced in PHP plan of care (LIR)</p> <p>Edit criteria is modified to: A PHP claim contains weekly PH services that total less than 20 hours per 7-day span.</p>
5	Logic	1/1/2016		Add modifiers XE, XP, XS and XU to the critical care ancillary services logic to process under the current exceptions for modifier 59 (see special processing logic).
6	Logic	5/1/2017	68	Implement NCD mid-quarter effective editing for procedure codes 0004U and 0005U.
7	Logic	10/7/2016	67	Implement FDA mid-quarter effective editing for procedure code 90651.
8	Documentation	1/1/2017		Add new payment method flag 9 (see table 7 and Appendix E).
9	Documentation	7/1/2017		Add new line item denial or rejection flag value of 3 (see table 7).
10	Documentation	1/1/2016		Update the multiple imaging composite APC family lists to remove the following codes with SI = Q1: 76604, 76775, 76870; add note for code 75635 as an exception to the composite logic in Appendix K.
11	Content	7/1/2017		<p>Update the following lists for the release (see quarterly data files):</p> <ul style="list-style-type: none"> <li>- Coinsurance/Deductible N/A list</li> <li>- Comprehensive APC ranking</li> <li>- Device-procedure list (edit 92)</li> <li>- Terminated device-procedures for device credit</li> <li>- Male-only procedure list (edit 8)</li> </ul>
12	Content	7/1/2017		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).
13	Content	7/1/2017	20, 40	Implement version 23.2 of the NCCI (as modified for applicable outpatient institutional providers).
14	Other	7/1/2017		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	7/1/2017		Deliver quarterly software update and all related documentation and files to users via electronic download.



**FINAL**  
**Summary of Data Changes**  
**Integrated OCE v18.2**  
**Effective July 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 07-01-17**

APC	APCDesc	StatusIndicator
09074	Inj, Makena	K
09489	Injection, nusinersen	G
09490	Injection, bezlotoxumab	G

### Deleted APCs

The following APC(s) were deleted from the IOCE, **effective 07-01-17**

APC	APCDesc
01354	Hydroxyprogesterone caproate

### APC Description Changes

The following APC(s) had description changes, **effective 07-01-17**

APC	Old Description	New Description
09487	Ustekinumab IV inj, 1 mg	Ustekinumab IV Inj, 1 mg
09536	Pathogen reduced platelets	Platelets, pathogen reduced

## HCPCS/CPT PROCEDURE CODE CHANGES

### Added HCPCS/CPT Procedure Codes

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

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0004U	Nfct ds dna 27 resist genes	A	00000		20170501	
0005U	Onco prst8 3 gene ur alg	Q4	00000		20170501	

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-17**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0469T	Rta polarize scan oc scr bi	E1	00000	9		
0470T	Oct skn img acquisj i&r 1st	M	00000	72		
0471T	Oct skn img acquisj i&r addl	N	00000			
0472T	Prgrmg io rta eltrd ra	Q1	05743			
0473T	Reprgrmg io rta eltrd ra	Q1	05742			

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0474T	Insj aqueous drg dev io rsvr	J1	05492			
0475T	Rec ftl car sgl 3 ch i&r	M	00000	72		
0476T	Rec ftl car sgl elec tr data	Q1	05734			
0477T	Rec ftl car sgl xrtj alys	Q1	05734			
0478T	Rec ftl car 3 ch rev i&r	M	00000	72		
90587	Dengue vacc quad 3 dose subq	E1	00000	9		
C9489	Injection, nusinersen	G	09489	55		
C9490	Injection, bezlotoxumab	G	09490	55		
C9745	Nasal endo eustachian tube	J1	05165	55		
C9746	Trans imp balloon cont	J1	05377	55		
C9747	Ablation, HIFU, prostate	J1	05376	55		
K0553	Ther cgm supply allowance	Y	00000	61		
K0554	Ther cgm receiver/monitor	Y	00000	61		
Q9984	Kyleena	E1	00000	50		
Q9985	Inj, hydroxyprogesterone, NOS	N	00000			
Q9986	Inj, Makena	K	09074			
Q9987	Pathogen test for platelets	S	01493			
Q9988	Platelets, pathogen reduced	R	09536			
Q9989	Ustekinumab IV Inj, 1 mg	G	09487			

### **Deleted HCPCS/CPT Procedure Codes**

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-17**

HCPCS	CodeDesc
C9487	Ustekinumab IV inj, 1 mg

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

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-16** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90651	9vhpv vaccine 3 dose im			E	M	9	72

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
0001U	Rbc dna hea 35 ag 11 bld grp			Q4	A		
90651	9vhpv vaccine 3 dose im			E1	M	9	72
90682	Riv4 vacc recombinant dna im			L	E1	N/A	9

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-17** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J1725	Hydroxyprogesterone caproate	01354	00000	K	E1	N/A	9
P9072	Plate path red/rapid bac tes	09536	00000	R	E1	N/A	9

### **HCPCS Edit Changes**

The following code(s) were added to the list of male procedures, **effective 07-01-17**

Hcpcs
C9746
C9747

### **HCPCS Approval and/or Termination Date Changes**

The following code(s) had approval and /or termination date changes

HCPCS	Old ApprovalDt	New ApprovalDt	Old TerminationDt	New TerminationDt
90651	0	20161007		

### **Edit Assignments**

The following code(s) were added to edit 67, 68, 69 or 83 **effective 10-01-16**

HCPCS	Edit#	ActivDate	TermDate
90651	67	20161007	

The following code(s) were added to edit 67, 68, 69 or 83 **effective 04-01-17**

HCPCS	Edit#	ActivDate	TermDate
0004U	68	20170501	0
0005U	68	20170501	0

The following code(s) were assigned as blood products, **effective 07-01-17**

HCPCS
Q9988

The following code(s) were removed from blood products, **effective 07-01-17**

HCPCS
P9072

### **Device Dependent Procedure Changes**

The following code(s) were added to the device dependent procedure list (edit 92), **effective 07-01-17**

HCPCS
0474T
C9745
C9746

The following code(s) were removed from the device dependent procedure list (edit 92), **effective 01-01-17**

HCPCS
24365
61888
63663

### **Device Credit Procedure Changes**

The following code(s) were removed from the list of device intensive procedures that may be subject to device credit, **effective 01-01-17**

HCPCS
24365
63663

### **Deductible/Coinsurance Procedure Code Changes**

The following code(s) were removed from the Deductible Coinsurance N/A list, **effective 01-01-17**

HCPCS
G0404