

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2468	Date: May 11, 2012
	Change Request 7841

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

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, and for 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. This Recurring Update Notification applies to Chapter 4, Section 40.1.

EFFECTIVE DATE: July 1, 2012

IMPLEMENTATION DATE: July 2, 2012

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within 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 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

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2468	Date: May 11, 2012	Change Request: 7841
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SUBJECT: July 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.2

Effective Date: July 1, 2012

Implementation Date: July 2, 2012

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, 2012. 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.

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

Number	Requirement	Responsibility (place an "X" in each applicable column)												
		A / B M A C	D M M A C	F I I E R	C A I E R	R H I E R	Shared- System Maintainers					OTHER		
						F I S S	M C S	V M S	C W F					
7841.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.						X							
7841.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at http://www.cms.gov/OutpatientCodeEdit/	X		X		X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7841.3	<p>A provider education article related to this instruction will be available at http://www.cms.gov/MLN MattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site 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 your 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.</p>	X		X		X					

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

B. For all other recommendations and supporting information, use this space: CR 5344, Transmittal 1107: Notification of an Integrated Outpatient Code Editor (OCE) for the July 2007 Release

V. CONTACTS

Pre-Implementation Contact(s):

Yvonne Young at yvonne.young@cms.hhs.gov or Anita Antkowiak at Anita.Antkowiak2@cms.hhs.gov

For Policy related questions contact Marina Kushnirova at marina.kushnirova@cms.hhs.gov

Post-Implementation Contact(s):

Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

A. For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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: Summary of Data Changes

Appendix M – Summary of Modifications

Appendix M

Summary of Modifications

The modifications of the IOCE for the July 2012 release (V13.2) 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	7/1/12	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 2012 release will be 10/1/05).
2.	Logic	10/1/11	-	Apply Payment Adjustment Flag PAF 9 (Deductible/Co-insurance not applicable) to any claim lines when modifier Q3 is present on the line
3.	Logic	10/1/05	19, 39	Deactivate edits described as 'mutually exclusive' retroactive to earliest non-archived version. (Mutually exclusive NCCI edits retroactively merged with code1/code2 edits).
4.	Logic	4/1/12	-	Add skin substitute codes C9368, C9369, Q4123, Q4125, Q4128 & Q4129 to the skin substitute logic.
5.	Content	7/1/12	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
6.	Content	7/1/12	20, 40	Implement version 18.2 of the NCCI (as modified for applicable institutional providers). [All edits combined in a single file, in code1/code2 format; mutually exclusive pairs no longer differentiated].
7.	Content	1/1/12	71, 77	Update procedure/device and device/procedure edit requirements.
8.	Content	1/1/12	84	Update the list of primary procedures reportable with Add-on code 33225: Remove 33222 Add 33228, 33229, 33263 & 33264.
9.	Content	7/1/12	85	Update the device code used for edit 85 – replace deleted code C9732 with new code 0308T .
10.	Doc	7/1/12	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.
11.	Other	7/1/12	-	Deliver quarterly software updates & all related documentation and files to users via electronic means.

FINAL
Summary of Data Changes
Integrated OCE v 13.2
Effective July 1, 2012

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 04-01-12**

APC	APCDesc	StatusIndicator
01422	Anthrax vaccine sc or im	K
01423	Minocycline hydrochloride	K
01424	Nabilone oral	K
01425	Thiethylperazine maleate	K
01427	Alloskin	K
01428	Arthroflex	K
01429	Flexhd or allopatch hd	K
01430	Unite biomatrix	K

The following APC(s) were added to the IOCE, **effective 07-01-12**

APC	APCDesc	StatusIndicator
01414	Human fibrinogen conc inj	K
01420	Aflibercept injection	G
01421	Imported Lipodox inj	K
09368	Grafix core	G
09369	Grafix prime	G

Deleted APCs

The following APC(s) were deleted from the IOCE, **effective 01-01-12**

APC	APCDesc
01362	Inj heparin sodium per 10 u
01373	Inj heparin sodium per 1000u

The following APC(s) were deleted from the IOCE, **effective 07-01-12**

APC	APCDesc
01290	Human fibrinogen conc inj
09291	Injection, aflibercept

APC Description Changes

The following APC(s) had description changes, **effective 04-01-12**

APC	Old Description	New Description
09290	Inj, bupivacaine liposome	Inj, bupivacaine liposome

The following APC(s) had description changes, **effective 07-01-12**

APC	Old Description	New Description
07046	Doxorubicin hcl liposome inj	Doxil injection

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-12**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G8907	Pt doc no events on discharg	M	00000	72		
G8908	Pt doc w burn prior to D/C	M	00000	72		
G8909	Pt doc no burn prior to D/C	M	00000	72		
G8910	Pt doc to have fall in ASC	M	00000	72		
G8911	Pt doc no fall in ASC	M	00000	72		
G8912	Pt doc with wrong event	M	00000	72		
G8913	Pt doc no wrong event	M	00000	72		
G8914	Pt trans to hosp post D/C	M	00000	72		
G8915	Pt not trans to hosp at D/C	M	00000	72		
G8916	Pt w IV AB given on time	M	00000	72		
G8917	Pt w IV AB not given on time	M	00000	72		
G8918	Pt w/o preop order IV AB pro	M	00000	72		

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

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0302T	Icar ischm mntrng sys compl	T	00089			
0303T	Icar ischm mntrng sys eltrd	T	00106			
0304T	Icar ischm mntrng sys device	T	00090			
0305T	Icar ischm mntrng prgrm eval	S	00690			
0306T	Icar ischm mntrng interr eva	S	00690			
0307T	Rmvl icar ischm mntrng dvce	T	00105			
0308T	Insj ocular telescope prosth	T	00234			
C9368	Grafix core	G	09368	55		
C9369	Grafix prime	G	09369	55		
Q2034	Agriflu vaccine	L	00000			
Q2045	Human fibrinogen conc inj	K	01414			
Q2046	Aflibercept injection	G	01420			
Q2047	Peginesatide injection	A	00000			
Q2048	Doxil injection	K	07046			
Q2049	Imported Lipodox inj	K	01421			
S1090	Mometasone sinus implant	E	00000	28		

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-12**

HCPCS	CodeDesc
C9291	Injection, aflibercept
C9732	Insert ocular telescope pros

HCPCS Description Changes

The following code descriptions were changed, **effective 01-01-12**

HCPCS	Old Description	New Description
38205	Harvest allogenic stem cells	Harvest allogeneic stem cell
57155	Insert uteri tandems/ovoids	Insert uteri tandem/ovoids
94729	C02/membrane diffuse capacity	C0 diffuse capacity

The following code descriptions were changed, **effective 04-01-12**

HCPCS	Old Description	New Description
C9290	Inj, bupivacaine liposome	Inj, bupivacaine liposome

The following code descriptions were changed, **effective 07-01-12**

HCPCS	Old Description	New Description
0206T	Remote algorithm analys ecg	Pptr dbs alys car elec dta

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

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-11** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
G9148	Medical Home Level I			A	M	N/A	72
G9149	Medical Home Level II			A	M	N/A	72
G9150	Medical Home Level III			A	M	N/A	72
G9151	MAPCP demo State			A	M	N/A	72
G9152	MAPCP demo community			A	M	N/A	72
G9153	MAPCP demo physician			A	M	N/A	72

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-12** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J1642	Inj heparin sodium per 10 u	01362	00000	K	N		
J1644	Inj heparin sodium per 1000u	01373	00000	K	N		

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-12** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90581	Anthrax vaccine sc or im	00000	01422	E	K	9	N/A
J2265	Minocycline hydrochloride	00000	01423	E	K	9	N/A
J8650	Nabilone oral	00000	01424	E	K	9	N/A
Q0174	Thiethylperazine maleate 10mg	00000	01425	E	K	9	N/A
Q4123	Alloskin	00000	01427	E	K	9	N/A
Q4125	Arthroflex	00000	01428	E	K	9	N/A
Q4128	Flexhd or allopatch hd	00000	01429	E	K	9	N/A
Q4129	Unite biomatrix	00000	01430	E	K	9	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-12** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J1680	Human fibrinogen conc inj	01290	00000	K	E	N/A	28
J9001	Doxorubicin hcl liposome inj	07046	00000	K	E	N/A	28

Edit Assignments

The following code(s) were removed from the independent bilateral list, **effective 01-01-12**

HCPCS
92072

The following code(s) were added to the inherently bilateral list, **effective 01-01-12**

HCPCS
92072

Procedure/ Device Pair Changes

The following procedure/device code pair requirements were added, **effective 01-01-12**

Proc	Device1
33249	C1882

Device/Procedure Pair Changes

The following device/procedure code pair requirements were added, **effective 01-01-12**

Device	Proc
C1786	33221
C1882	33249
C2620	33221

Add-on/Primary Procedure Pair Changes

The following add-on/primary procedure pair requirements were added, **effective 01-01-12**

Addon	Primary
33225	33228
33225	33229
33225	33263
33225	33264

The following add-on/primary procedure pair requirements were removed, **effective 01-01-12**

Addon	Primary
33225	33222

Skin Substitute Product Changes

The following code(s) were added to the skin substitute product list, **effective 04-01-12**

HCPCS
Q4123
Q4125
Q4128
Q4129

The following code(s) were added to the skin substitute product list, **effective 07-01-12**

HCPCS
C9368
C9369