CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2667	Date: March 8, 2013
	Change Request 8242

SUBJECT: April 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.1

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 Updated Notification applies to 100-04, Chapter 4, section 40.1.

EFFECTIVE DATE: April 1, 2013
IMPLEMENTATION DATE: April 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.*

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

Pub. 100-04	Transmittal: 2667	Date: March 8, 2013	Change Request: 8242

SUBJECT: April 2013 Integrated Outpatient Code Editor (I/OCE) Specifications Version 14.1

EFFECTIVE DATE: April 1, 2013
IMPLEMENTATION DATE: April 1, 2013

I.   GENERAL INFORMATION

A.   Background: This instruction informs the Fiscal Intermediaries (FIs), A/B MACs, RHHIs and the Fiscal Intermediary Shared System (FISS) that the I/OCE was updated for April 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

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility									
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8242.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.							X				
8242.2	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					
		A/B MAC	DME	FI	CAR	RHH	Other
			ME		R	H	

		Part A	Part B	MAC		RIER	I	
8242.3	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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 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
Use "Should" to denote 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

Pre-Implementation Contact(s): Yvonne Young, Yvonne.Young@cms.hhs.gov , Anita Antkowiak, Anita.Antkowiak2@cms.hhs.gov , Marina Kushnirova, Marina.Kushnirova@cms.hhs.gov

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)

Appendix M
Summary of Modifications

The modifications of the IOCE for the April 2013 release (V14.1) 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	4/1/13	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 April 2013 release will be 7/1/06).
2.	Logic	**1/1/13**		Clarify the criteria for assignment of the electrophysiology/ablation composite APC (appK): - If there is one or more codes from group C present with one or more codes from **either** group A **or** group B; assign the composite APC to the group C code and assign the standard APC and related SI to any separate group A **or** group B codes present.
3	Logic	**1/1/13**	84	Correct the logic to apply edit 84 to psychiatric add-on codes only on PHP claims (TOB 13x w/CC41 or 76x): - Ignore psychiatric add-on codes on non-PHP claims; do not apply edit 84; do not check for related primary codes.
4.	Logic	**11/17/12**	83	Implement mid-quarter NCD non-coverage for code L0430.
5.	Logic	**11/20/12**	67	Implement mid-quarter FDA approval date for code 90661.
6.	Content	4/1/13	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
7.	Content	4/1/13	20, 40	Implement version **19.1** of the NCCI (as modified for applicable institutional providers).
8.	Content	**1/1/13**	71, 77	Update procedure/device & device/procedure edit requirements, retroactive to 1/1/13.
9.	Content	**1/1/13**	22	Delete all genetic testing modifiers from the valid modifier list, retroactive to 1/1/13.
10.	Content	**1/1/13**	-	Update the skin substitute list, delete C9367 retroactive to 1/1/13.
11.	Content	**1/1/13**	-	Update the skin substitute list, delete Q4129.
12.	Content	4/1/13	-	Update the skin substitute list, add Q4127.
13.	Doc	4/1/13	63, 64	Correct table 4 to display the correct initial versions for deactivated edits 63 and 64 (v1.0 – v13.3).
14.	Doc	4/1/13	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.
15.	Other	4/1/13	-	Deliver quarterly software update & all related documentation and files to users via electronic means.

FINAL

Summary of Data Changes

Integrated OCE v 14.1

Effective April 1, 2013

Table of Contents

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 04-01-13**

APC	APCDesc	StatusIndicator
01448	Opthalmic mitomycin	G
01449	Talymed	G
09130	Injection, IVIG Bivigam	G
09297	Omacetazine mepesuccinate	G
09298	Injection, ocriplasmin	G

Deleted APCs

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

APC	APCDesc
01430	Unite biomatrix
09367	Endoform Dermal Template

APC Description Changes

The following APC(s) had description changes, **effective 04-01-13**

APC	Old Description	New Description
00948	Gamunex, Gamunex-C, Gammaked	Gamunex-C/Gammaked

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

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

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G0459	Telehealth inpt pharm mgmt	B	00000	62		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-13**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9130	Injection, IVIG Bivigam	G	09130	55		
C9297	Omacetazine mepesuccinate	G	09297	55		

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9298	Injection, ocriplasmin	G	09298	55		
C9734	U/S trtmt, not leiomyomata	S	00067	55		
C9735	Anoscopy, submucosal inj	T	00150	55		
Q0507	Misc sup/acc ext vad	A	00000			
Q0508	Misc sup/acc imp vad	A	00000			
Q0509	Mis sup/ac imp vad nopay med	A	00000			

Deleted HCPCS/CPT Procedure Codes

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

HCPCS	CodeDesc
C9367	Endoform Dermal Template

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 04-01-13**

HCPCS	CodeDesc
Q0505	Miscl supply/accessory vad

HCPCS Description Changes

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

HCPCS	Old Description	New Description
90700	Dtap vaccine > 7 yrs im	Dtap vaccine < 7 yrs im
90702	Dt vaccine > 7 yrs im	Dt vaccine < 7 yrs im

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

HCPCS	Old Description	New Description
0195T	Arthrod presac interbody	Prescrl fuse w/o instr L5/S1
0196T	Arthrod presac interbody eac	Prescrl fuse w/o instr L4/L5
0206T	Remote algorithm analys ecg	Cptr dbs alys car elec dta
19301	Partical mastectomy	Partial mastectomy
31648	Bronchial valve addl insert	Bronchial valve remov init
31649	Bronchial valve remov init	Bronchial valve remov addl
31651	Bronchial valve remov addl	Bronchial valve addl insert
87631	Resp virus 3-11 targets	Resp virus 3-5 targets
95907	Motor&/sens 1-2 nrv cndj tst	Nvr cndj tst 1-2 studies
95908	Motor&/sens 3-4 nrv cndj tst	Nrv cndj tst 3-4 studies
95909	Motor&/sens 5-6 nrv cndj tst	Nrv cndj tst 5-6 studies
95910	Motor&sens 7-8 nrv cndj test	Nrv cndj test 7-8 studies
95911	Motor&sen 9-10 nrv cndj test	Nrv cndj test 9-10 studies
95912	Motor&sen 11-12 nrv cnd test	Nrv cndj test 11-12 studies
95913	Motor&sens 13/> nrv cnd test	Nvr cndj test 13/> studies
C9605	Perc d-e cor revasc t cabg b	Perc d-e cor revasc t cabg b
C9607	Perc d-e cor revasc chro sin	Perc d-e cor revasc chro sin
C9608	Perc d-e cor revasc chro add	Perc d-e cor revasc chro add
G0456	Neg pre wound <=50 sq cm	Neg pre wound <=50 sq cm
G8907	Pt doc no events on discharg	Pt doc no events on discharge

HCPCS	Old Description	New Description
G9157	Transesoph doppl cardiac mon	Transesoph doppl cardiac mon

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

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-06** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
93784	Ambulatory BP monitoring			E	B	9	62

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-12** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90661	Flu vacc cell cult prsv free			E	L	9	N/A

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
L0430	Dewall posture protector			A	E	N/A	9
L8680	Implt neurostim elctr each			E	N	28	N/A
L8682	Implt neurostim radiofq rec			E	N	28	N/A
L8683	Radiofq trsmtr for implt neu			E	A	28	N/A
L8684	Radiof trsmtr implt scrl neu			E	A	28	N/A
L8685	Implt nrostm pls gen sng rec			E	N	28	N/A
L8686	Implt nrostm pls gen sng non			E	N	28	N/A
L8687	Implt nrostm pls gen dua rec			E	N	28	N/A
L8688	Implt nrostm pls gen dua non			E	N	28	N/A
Q4129	Unite biomatrix	01430	00000	K	E	N/A	9

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-13** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J7315	Opthalmic mitomycin	00000	01448	N	G		
Q4127	Talymed	00000	01449	E	G	9	N/A

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
90661	0	20121120		
L0430			0	20121116

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 10-01-12**

HCPCS	Edit#	ActivDate	TermDate
90661	67	20121120	
L0430	83		20121116

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

HCPCS
36222
36223
36224
36225
36226
36227
36228

Procedure/ Device Pair Changes

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

Proc	Device1
0267T	L8680
0268T	L8685
0268T	L8686
0268T	L8687
0268T	L8688
0282T	L8680
0316T	L8685
0316T	L8686
0316T	L8687
0316T	L8688
43647	L8680
61885	L8685
61885	L8686
61886	L8687
61886	L8688
63650	L8680
63655	L8680
63685	L8685
63685	L8686
63685	L8687
63685	L8688
64553	L8680
64555	L8680
64561	L8680
64565	L8680
64568	L8685

Proc	Device1
64568	L8686
64568	L8687
64568	L8688
64575	L8680
64580	L8680
64581	L8680
64590	L8685
64590	L8686
64590	L8687
64590	L8688

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

Proc	Device2
0283T	L8680
64568	L8680

Device/Procedure Pair Changes

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

Device	Proc
C1896	0319T
L8680	0267T
L8680	0282T
L8680	0283T
L8680	43647
L8680	63650
L8680	63655
L8680	64553
L8680	64555
L8680	64561
L8680	64565
L8680	64568
L8680	64575
L8680	64580
L8680	64581
L8685	0268T
L8685	0316T
L8685	61885
L8685	63685
L8685	64568
L8685	64590
L8686	0268T
L8686	0316T
L8686	61885
L8686	63685
L8686	64568
L8686	64590
L8687	0268T

Device	Proc
L8687	0316T
L8687	61886
L8687	63685
L8687	64568
L8687	64590
L8688	0268T
L8688	0316T
L8688	61886
L8688	63685
L8688	64568
L8688	64590

Skin Substitute Product Changes

The following code(s) were added to the skin substitute product list, **effective 04-01-13**

HCPCS
Q4127

The following code(s) were removed from the skin substitute product list, **effective 01-01-13**

HCPCS
Q4129

MODIFIERS

Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 01-01-13**

modif	ACTIVATIONDATE
0A	0
0B	0
0C	0
0D	0
0E	0
0F	0
0G	0
0H	0
0I	0
0J	0
0K	0
0L	0
0M	0
0N	0

modif	ACTIVATIONDATE
0O	0
0P	0
0Z	0
1A	0
1B	0
1C	0
1D	0
1E	0
1F	0
1G	0
1H	0
1I	0
1J	0
1Z	0
2A	0
2B	0
2C	0
2D	0
2E	0
2F	0
2G	0
2H	0
2I	0
2J	0
2K	0
2L	0
2M	0
2N	0
2O	0
2Q	0
2R	0
2S	0
2T	0
2Z	0
3A	0
3B	0
3C	0
3D	0
3E	0
3F	0
3G	0
3H	0
3I	0
3K	0
3Z	0
4A	0
4B	0
4C	0
4E	0
4F	0
4G	0

modif	ACTIVATIONDATE
4H	0
4I	0
4J	0
4K	0
4L	0
4M	0
4N	0
4O	0
4P	0
4Q	0
4R	0
4S	0
4T	0
4U	0
4Z	0
5A	0
5B	0
5C	0
5D	0
5E	0
5F	0
5G	0
5H	0
5I	0
5J	0
5K	0
5L	0
5M	0
5N	0
5O	0
5Z	0
6A	0
6B	0
6C	0
6D	0
6E	0
6F	0
6Z	0
7A	0
7B	0
7C	0
7D	0
7E	0
7F	0
7Z	0
8A	0
8B	0
8C	0
8Z	0
9A	0
9B	0

modif	ACTIVATIONDATE
9C	0
9D	0
9L	0
9M	0
9N	0
9O	0
9P	0
9Q	0
9Z	0