

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2900	Date: March 7, 2014
	Change Request 8658

SUBJECT: April 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.1

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 Pub. 100-04, Chapter 4, section 40.1.

EFFECTIVE DATE: April 1, 2014

IMPLEMENTATION DATE: April 7, 2014

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 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*

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	CEDI
		A	B	H H H	M A C	
8658.4	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 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		

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).

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 2)

Appendix M

Summary of Modifications

The modifications of the IOCE for the April 2014 release (V15.1) are summarized in the table below. Readers should also read through the entire document and observe 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	4/1/2014	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 2014 release is 7/1/2007).
2.	Logic	1/1/2014	-	Change the SI from N to A for any laboratory code (code list) submitted on 12x bill type when the claim does not contain condition code W2 (Duplicate of Original Bill).
3.	Content	4/1/2014	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
4.	Content	4/1/2014	20, 40	Implement version 20.1 of the NCCI (as modified for applicable institutional providers).
5.	Content	4/1/2014	8	Update procedure/sex conflict edit list. NOTE: The change to remove code 81266 from the female only list is retroactive to 1/1/2012.
6.	Content	1/1/2014	71, 77	Update procedure/device & device/procedure edit requirements.
7.	Content	4/1/2014	87	Update the skin substitute product list (Appendix N) to move specific skin substitute product codes from List A (low-cost) to List B (high-cost) and list additional high and low cost skin substitute procedures.
8.	Content	1/1/2014	41	Add new revenue codes 690 – 696, and 699 to the valid revenue code list.
9.	Doc	1/1/2014	-	Added documentation for laboratory services submitted on 12x or 14x bill type to page 9, Appendix F(a) (associated with edit 27), and Appendix L.
10.	Other	4/1/2014	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.
11.	Other	4/1/2014	-	Deliver quarterly software update & all related documentation and files to users via electronic means.

FINAL

Summary of Data Changes

Integrated OCE v 15.1

Effective April 1, 2014

Table of Contents

CPT codes, descriptions, and material only are Copyright 2013 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

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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 01-01-14**

APC	APCDesc	StatusIndicator
01477	Inj, tbo-filgrastim, 5 mcg	K
01478	Human fibrinogen conc inj	K

The following APC(s) were added to the IOCE, **effective 04-01-14**

APC	APCDesc	StatusIndicator
01476	Injection, obinutuzumab	G
01479	Theraskin	G

Deleted APCs

The following APC(s) were deleted from the IOCE, **effective 04-01-14**

APC	APCDesc
01645	I131 tositumomab, rx

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-14**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G9361	Med Ind for induction	M	00000	72		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-14**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9021	Injection, obinutuzumab	G	01476	55		
C9739	Cystoscopy prostatic imp 1-3	T	00162	55		
C9740	Cysto impl 4 or more	T	01564	55		
Q2052	Ivig demo, services/supplies	N	00000			

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-14**

HCPCS	CodeDesc
D0363	Cone beam, three dimensional
D3354	Pulpal regeneration
D5860	Overdenture complete
D5861	Overdenture partial

HCPCS Description Changes

The following code descriptions were changed, **effective 01-01-14**

HCPCS	Old Description	New Description
G0416	Sat biopsy 10-20	Biopsy 10-20
G0417	Sat biopsy prostate 21-40	Biopsy prostate 21-40
G0418	Sat biopsy prostate 41-60	Biopsy prostate 41-60
G0419	Sat biopsy prostate: >60	Biopsy prostate: >60

The following code descriptions were changed, **effective 04-01-14**

HCPCS	Old Description	New Description
D9242	IV sedation ea ad 30 m	IV sedation ea ad 15 m

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

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-14** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A9273	Hot/cold h2obot/cap/col/wrap			Y	E	61	9
J1446	Inj, tbo-filgrastim, 5 mcg	00000	01477	E	K	9	N/A
J7178	Human fibrinogen conc inj	00000	01478	N	K		
L8679	Imp neurosti pls gn any type			A	N		
L8685	Implt nrostm pls gen sng rec			N	E	N/A	9
L8686	Implt nrostm pls gen sng non			N	E	N/A	9
L8687	Implt nrostm pls gen dua rec			N	E	N/A	9
L8688	Implt nrostm pls gen dua non			N	E	N/A	9
Q0181	Unspecified oral anti-emetic			E	N	9	N/A
S9960	Air ambulanc nonemerg fixed					9	28
S9961	Air ambulan nonemerg rotary					9	28
T4544	Adlt disp und/pull on abv xl					9	28

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-14** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A9545	I131 tositumomab, rx	01645	00000	K	E	N/A	9
L8680	Implt neurostim elctr each			N	E	N/A	9
Q4121	Theraskin	00000	01479	N	G		

HCPCS Edit Changes

The following code(s) were added to the list of male procedures, **effective 04-01-14**

Hcpcs
C9739
C9740

The following code(s) were removed from the list of female procedures, **effective 01-01-12**

Hcpcs
81266

Procedure/ Device Pair Changes

The following procedure/device code pair requirements were added, **effective 01-01-14**

Proc	Device1
0268T	L8679
0316T	L8679

Proc	Device1
61885	L8679
61886	L8679
63685	L8679
64568	L8679
64590	L8679

The following procedure/device code pair requirements were removed, **effective 01-01-14**

Proc	Device1
0268T	L8685
0268T	L8686
0268T	L8687
0268T	L8688
0316T	L8685
0316T	L8686
0316T	L8687
0316T	L8688
61885	L8685
61885	L8686
61886	L8687
61886	L8688
63685	L8685
63685	L8686
63685	L8687
63685	L8688
64568	L8685
64568	L8686
64568	L8687
64568	L8688
64590	L8685
64590	L8686
64590	L8687
64590	L8688

The following procedure/device code pair requirements were removed, **effective 04-01-14**

Proc	Device1
0267T	L8680
0282T	L8680
43647	L8680
63650	L8680
63655	L8680
64553	L8680
64555	L8680
64561	L8680
64565	L8680
64575	L8680
64580	L8680
64581	L8680

The following procedure/device code pair requirements were removed, **effective 04-01-14**

Proc	Device2
0283T	L8680
64568	L8680

Device/Procedure Pair Changes

The following device/procedure code pair requirements were added, **effective 01-01-14**

Device	Proc
L8679	0268T
L8679	0316T
L8679	61885
L8679	61886
L8679	63685
L8679	64568
L8679	64590

The following device/procedure code pair requirements were removed, **effective 01-01-14**

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

The following device/procedure code pair requirements were removed, **effective 04-01-14**

Device	Proc
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

Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 04-01-14**

HCPCS
Q4121

HCPCS
Q4147
Q4148

Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 04-01-14**

HCPCS
Q4121
Q4147
Q4148

Skin Substitute High Cost Procedure Changes

The following code(s) were added to the skin substitute high cost procedure list, **effective 04-01-14**

HCPCS
15272
15274
15276
15278

Skin Substitute Low Cost Procedure Changes

The following code(s) were added to the skin substitute low cost procedure list, **effective 04-01-14**

HCPCS
C5272
C5274
C5276
C5278

REVENUE CODES

Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes, **effective 01-01-14**

RevenueCode	SI
0690	Z
0691	Z
0692	Z
0693	Z
0694	Z
0695	Z
0696	Z
0699	Z

