

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1982	Date: June 4, 2010
	Change Request 6967

NOTE: Transmittal 1969, dated May 14, 2010, is rescinded and replaced by Transmittal 1982, dated June 4, 2010. This Change Request is being re-issued to replace the attachment for the Summary of Data Changes. All other information remains the same.

SUBJECT: July 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.2

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, 2010

IMPLEMENTATION DATE: July 6, 2010

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/revise 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: 1982	Date: June 4, 2010	Change Request: 6967
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SUBJECT: July 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.2

Effective Date: July 1, 2010

Implementation Date: July 6, 2010

I. GENERAL INFORMATION

A. Background: This instruction informs the Fiscal Intermediaries (FIs), A/B MACs, and the Fiscal Intermediary Standard System (FISS) that the I/OCE was updated for July 1, 2010. 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. Claims with dates of service prior to July 1, 2007, should be routed through the non-integrated versions of the OCE software (OPPS and non-OPPS OCEs) that coincide with the versions in effect for the date of service on the claim. **The integration did not change the logic that is applied to outpatient bill types that previously passed through the OPPS OCE software. It merely expanded the software usage to include non-OPPS hospitals.**

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.hhs.gov/OutpatientCodeEdit/>.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
						I S S	M S S	V S S	C M S	W F	
6967.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.						X				
6967.2	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)									
		A / B M A C	D M E M A C	F I M A C	C A R I E R	R H H I S S	Shared-System Maintainers				OTHER
						F I S	M C S	V M S	C W F		
6967.3	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. 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.	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:
5344	Notification of an Integrated Outpatient Code Editor (OCE) for the July 2007 Release

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s):

Yvonne Young at yvonne.young@cms.hhs.gov, Wil Gehne at Wilfried.Gehne@cms.hhs.gov, or Sarah Shirey-Losso at Sarah.Shirey-Losso@cms.hhs.gov

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

Post-Implementation Contact(s):

Regional Office(s) or the CMS Outpatient Code Editor Email at OCE_Integration@cms.hhs.gov

VI. FUNDING

A. *For Fiscal Intermediaries and 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 (MAC):*

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

Final
Summary of Data Changes
Integrated OCE v 11.2R1
Effective July 1, 2010

Table of Contents

CPT codes, descriptions, and material only are Copyright 2009 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 04-01-10**

APC	APCDesc	StatusIndicator
01310	Pneumococcal vacc, 13 val im	K

The following APC(s) were added to the IOCE, **effective 07-01-10**

APC	APCDesc	StatusIndicator
09264	Tocilizumab injection	G
09265	Romidepsin injection	G
09266	Collagenase clostridium histo	G
09267	Injection, Wilate	G
09268	Capsaicin patch	G
09367	Endoform Dermal Template	G

APC Description Changes

The following APC(s) had description changes, **effective 07-01-10**

APC	Old Description	New Description
09262	Fludarabine phosphate, oral	Oral Fludarabine phosphate

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-10**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9800	Dermal filler inj px/suppl	T	00135	55	20100323	
G0429	Dermal filler inject for LDS	B	00000	62	20100323	
Q2026	Radiesse injection	B	00000	62	20100323	
Q2027	Sculptra injection	B	00000	62	20100323	

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-10**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G0428	Collagen Meniscus Implant	E	00000	9		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-10**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0223T	Acoustic/electr cardgrphy	S	00099			
0224T	Acstic/elec cardgrphy av/vv	S	00690			
0225T	Acstic/elec cardgrphy av+vv	S	00690			
0226T	Anosc high resol dx +-coll	X	00340			
0227T	Anosc high resol dx w/bx	T	00146			
0228T	US tfrml edrl inj crv/t 1lvl	T	00207			
0229T	US tfrml edrl inj crv/t +1vl	T	00206			
0230T	US tfrml edrl inj l/s 1lvl	T	00207			
0231T	US tfrml edrl inj l/s +1vl	T	00206			
0232T	Inj plsm img guid hrvt&prep	X	00340			
0233T	Skn age meas spctrscopy	A	00000			
90664	Flu vacc pandemic live nasal	E	00000	28		
90666	Flu vacc pandemic no prsv im	E	00000	28		
90667	Flu vacc pandemic adj im	E	00000	28		
90668	Flu vacc pandemic splv im	E	00000	28		
C9264	Tocilizumab injection	G	09264	55		
C9265	Romidepsin injection	G	09265	55		
C9266	Collagenase clostridium histo	G	09266	55		
C9267	Injection, Wilate	G	09267	55		
C9268	Capsaicin patch	G	09268	55		
C9367	Endoform Dermal Template	G	09367	55		
Q2025	Oral Fludarabine phosphate	G	09262			

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-10**

HCPCS	CodeDesc
C9262	Fludarabine phosphate, oral

HCPCS Description Changes

The following code descriptions were changed, **effective 07-01-10**

HCPCS	Old Description	New Description
K0669	Seat/back cus no sadmerc ver	Seat/back cus no dmepdac ver
K0899	Pow mobil dev no SADMERC	Pow mobil dev no dme pdac

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

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-10** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90670	Pneumococcal vacc, 13 val im	00000	01310	E	K	9	N/A

Edit Assignments

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

HCPCS	Edit#	ActivDate	TermDate
C9800	68	20100323	0
G0429	68	20100323	0
Q2026	68	20100323	0
Q2027	68	20100323	0

Appendix M

Summary of Modifications

The modifications of the IOCE for the July 2010 release (V11.2) 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	7/1/10	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 2010 release will be 10/1/03.
2.	Tech	7/1/10	-	Modify the IOCE interface for HIPAA 5010 – a) Increase the number of diagnosis codes up to 28, and the field size to 8 bytes, input & output. b) Increase the number of condition codes up to 11. c) Add a new 1-byte field for Code Type indicator. (See table 1).
3.	Logic	10/1/03	59	Delete edit 59, retroactive to the earliest version possible.
4.	Logic	1/1/08	74	Apply modified edit 74 to 85x TOB with RC 96x, 97x, 98x - retroactive to 1/1/08. (See app A).
5	Logic	3/23/10	68	Apply mid-quarter date and associated edit to codes C9800 (Dermal Filler inj px/suppl, G0429 (Dermal filler inject for LDS, Q2026 (Radiesse injection) and Q2027 (Sculptra injection).
6.	Content	7/1/10	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
7.	Content	7/1/10	19, 20, 39, 40	Implement version 16.1 of the NCCI (as modified for applicable institutional providers).
8.	Doc	7/1/10	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.