

<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 2224</b>	<b>Date: May 20, 2011</b>
	<b>Change Request 7439</b>

**SUBJECT: July 2011 Integrated Outpatient Code Editor (I/OCE) Specifications Version 12.2**

**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, 2011**

**IMPLEMENTATION DATE: July 5, 2011**

*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	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**

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: 2224	Date: May 20, 2011	Change Request: 7439
-------------	-------------------	--------------------	----------------------

**SUBJECT: July 2011 Integrated Outpatient Code Editor (I/OCE) Specifications Version 12.2**

**Effective Date:** July 1, 2011

**Implementation Date:** July 5, 2011

## 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, 2011. 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 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 I C S	V M S	C M W F						
7439.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.						X				
7439.2	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	X				



**Post-Implementation Contact(s):**

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

**VI. FUNDING****A. *For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):***

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**

**Final**  
**Summary of Data Changes**  
**Integrated OCE v 12.2**  
**Effective July 1, 2011**

# Table of Contents

CPT codes, descriptions, and material only are Copyright 2010 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.

DEFINITIONS.....	3
APC CHANGES.....	4
<u>Added APCs</u> .....	4
<u>Deleted APCs</u> .....	4
<u>APC Description Changes</u> .....	4
<u>APC Status Indicator Changes</u> .....	4
HCPCS/CPT PROCEDURE CODE CHANGES.....	5
<u>Added HCPCS/CPT Procedure Codes</u> .....	5
<u>Deleted HCPCS/CPT Procedure Codes</u> .....	5
<u>HCPCS Description Changes</u> .....	6
<u>HCPCS Changes- APC, Status Indicator and/or Edit Assignments</u> .....	6
<u>Edit Assignments</u> .....	6
<u>Procedure/ Device Pair Changes</u> .....	7
<u>Device/Procedure Pair Changes</u> .....	7

## 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 07-01-11**

APC	APCDesc	StatusIndicator
01352	Wilate injection	G
01353	Belimumab injection	G
01354	Hydroxyprogesterone caproate	K
09283	Injection, acetaminophen	G
09284	Injection, ipilimumab	G
09285	Patch, lidocaine/tetracaine	G
09365	Oasis Ultra Tri-Layer Matrix	G
09406	Dx I-123 ioflupane, per dose	G

### **Deleted APCs**

The following APC(s) were deleted from the IOCE, **effective 07-01-11**

APC	APCDesc
09267	Wilate injection

### **APC Description Changes**

The following APC(s) had description changes, **effective 07-01-11**

APC	Old Description	New Description
09273	Sipuleucel-T, per infusion	Sipleucel-T auto CD54+
09280	Injection, eribulin mesylate	Injection; eribulin mesylate

### **APC Status Indicator Changes**

The following APC(s) had Status Indicator changes, **effective 07-01-11**

APC	Old SI	New SI
00947	K	G

# HCPCS/CPT PROCEDURE CODE CHANGES

## Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-11**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0262T	Impltj pulm vlv evasc appr	C	00000			
0263T	Im b1 mrw cel ther cmpl	S	00112			
0264T	Im b1 mrw cel ther xcl hrvt	S	00112			
0265T	Im b1 mrw cel ther hrvt onl	S	00112			
0266T	Implt/rpl crtd sns dev total	C	00000			
0267T	Implt/rpl crtd sns dev lead	T	00687			
0268T	Implt/rpl crtd sns dev gen	S	00039			
0269T	Rev/remvl crtd sns dev total	T	00221			
0270T	Rev/remvl crtd sns dev lead	T	00687			
0271T	Rev/remvl crtd sns dev gen	T	00688			
0272T	Interrogate crtd sns dev	S	00218			
0273T	Interrogate crtd sns w/pgrmg	S	00218			
0274T	Perq lamot/lam crv/thrc	T	00208			
0275T	Perq lamot/lam lumbar	T	00208			
C9283	Injection, acetaminophen	G	09283	55		
C9284	Injection, ipilimumab	G	09284	55		
C9285	Patch, lidocaine/tetracaine	G	09285	55		
C9365	Oasis Ultra Tri-Layer Matrix	G	09365	55		
C9406	Dx I-123 ioflupane, per dose	G	09406	55		
C9730	Bronchial thermo, 1 lobe	T	00415	55		
C9731	Bronchial thermo, >1 lobe	T	00415	55		
K0741	Portable gaseous oxygen sys	Y	00000	61		
K0742	Portable gaseous oxygen	Y	00000	61		
K0743	Portable home suction pump	Y	00000	61		
K0744	Absorp drg <= 16 suc pump	A	00000			
K0745	Absorp drg >16 <=48 suc pump	A	00000			
K0746	Absorp drg >48 suc pump	A	00000			
Q2041	Wilate injection	G	01352			
Q2042	Hydroxyprogesterone caproate	K	01354			
Q2043	Sipleucel-T auto CD54+	G	09273			
Q2044	Belimumab injection	G	01353			

## Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-11**

HCPCS	CodeDesc
C9273	Sipleucel-T, per infusion
C9729	Percut lumbar lami
S9075	Smoking cessation treatment

## HCPCS Description Changes

The following code descriptions were changed, **effective 01-01-11**

HCPCS	Old Description	New Description
88177	Cytp c/v auto thin lyr addl	Cytp fna eval ea addl

The following code descriptions were changed, **effective 07-01-11**

HCPCS	Old Description	New Description
0251T	Remov bronchial valve addl	Remov bronchial valve
0252T	Bronchscpc rmvl bronch valve	Remov bronch valve addl
22551	Neck spine fuse&remove addl	Neck spine fuse&remov bel C2
22900	Exc back tum deep < 5 cm	Exc abdl tum deep < 5 cm
22901	Exc back tum deep 5+ cm	Exc abdl tum deep 5+ cm
65779	Cover eye w/membrane stent	Cover eye w/membrane suture
74176	Ct abd & pelvis w/o contrast	Ct abd & pelvis
74177	Ct abdomen&pelvis w/contrast	Ct abd & pelv w/contrast
74178	Ct abd&pelv 1+ section/regns	Ct abd & pelv 1/> regns

## 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
E0571	Aerosol compressor for svneb			Y	E	61	28
J1572	Flebogamma injection			K	G		
J7184	Wilate injection	09267	00000	G	E	N/A	28

## Edit Assignments

The following code(s) were added to the conditional bilateral list, **effective 01-01-11**

HCPCS
27685
27686

The following code(s) were removed from the conditional bilateral list, **effective 01-01-11**

HCPCS
64613
64614

The following code(s) were removed from the independent bilateral list, **effective 01-01-11**

HCPCS
-------

HCPCS
77071

The following code(s) were added to the inherently bilateral list, **effective 01-01-11**

HCPCS
64613
64614
77071

### **Procedure/ Device Pair Changes**

The following procedure/device code pair requirements were added, **effective 07-01-11**

Proc	Device1
0268T	C1767
0268T	C1820
0268T	L8685
0268T	L8686
0268T	L8687
0268T	L8688

### **Device/Procedure Pair Changes**

The following device/procedure code pair requirements were added, **effective 07-01-11**

Device	Proc
C1767	0268T
C1820	0268T
L8685	0268T
L8686	0268T
L8687	0268T
L8688	0268T

## Appendix M

### Summary of Modifications

The modifications of the IOCE for the July 2011 release (V12.2) 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	7/1/11	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 2011 release will be 10/1/04.)
2.	Logic	<b>1/1/11</b>	-	Implement logic to set Payment Adjustment Flag (PAF) 4: If modifier 'PT' is present on any CPT code in the range 10000 – 69999 on a claim, apply PAF 4 to all codes in the range with the same date of service as the code with modifier PT. <u>Exception</u> : Do not apply PAF 4 to a line if any other PAF is applicable/already applied to the same line.
3.	Logic	<b>1/1/11</b>	-	Add code G0010 to the list for PAF 9 (Deductible/Co-insurance not applicable).
4.	Content	7/1/11	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
5.	Content	-	19, 20, 39, 40	Implement version <b>17.1</b> of the NCCI (as modified for applicable institutional providers).
6.	Content	7/1/11	71, 77	Update procedure/device and device/procedure edit requirements.
7.	Doc	7/1/11	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.

