

<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 3218</b>	<b>Date: March 13, 2015</b>
	<b>Change Request 9107</b>

**SUBJECT: April 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.1**

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

**EFFECTIVE DATE: April 1, 2015**

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

**IMPLEMENTATION DATE: April 6, 2015**

*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 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**

# Attachment - Recurring Update Notification

<b>Pub. 100-04</b>	<b>Transmittal: 3218</b>	<b>Date: March 13, 2015</b>	<b>Change Request: 9107</b>
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**SUBJECT: April 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.1**

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**IMPLEMENTATION DATE: April 6, 2015**

## I. GENERAL INFORMATION

**A. Background:** This instruction informs the A/B MACs, the HHH MACs and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for April 1, 2015. 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 Update 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

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
9107.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X						
9107.2	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						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
9107.3	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> 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 5 business days after receipt of the notification from CMS announcing the availability of the 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: N/A

**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

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

**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 O

### Summary of Modifications

The modifications of the IOCE for the April 2015 release (V16.1) 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 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	10/1/2015	1-5, 29, 86	Update the IOCE program to include preliminary ICD-10-CM diagnosis code content for testing purposes only, for test claims with From Dates on or after 10/1/2015.
2	Logic	10/1/2015		Deactivate the Code Type indicator flag (Table 1); the claim From Date is used to determine which diagnosis code set is applied: Claims with From Dates prior to 10/1/2015 use ICD-9-CM diagnosis codes Claims with From Dates on or after 10/1/2015 use ICD-10-CM diagnosis codes
3	Logic	10/1/2015	5	Modify the edit criteria to trigger on a specified range of ICD-10-CM diagnosis codes for claims with From Dates on or after 10/1/2015: ICD-10-CM: Any code in the range V00 thru Y99 is principal diagnosis.
4	Content	4/1/2015	5	Modify the description for edit 5 when returned for claims containing either ICD-9-CM or ICD-10-CM diagnosis codes (claims with From Dates on or after 10/1/2015 for ICD-10-CM diagnosis codes): External cause of morbidity code cannot be used as principal diagnosis.
5	Logic	1/1/2015		Update comprehensive APC program logic: <ul style="list-style-type: none"> <li>- Modify program logic to reduce the service units to 1 for primary comprehensive APC procedure line with SI = J1 when service units are &gt;1; assign Payment Adjustment flag 11 with updated description reflecting action</li> <li>- Update Appendix L to provide clarification supporting complexity adjustments</li> <li>- Update flowchart in Appendix L</li> <li>- Add documentation for processing of comprehensive APC procedures when present with payable inpatient procedures with modifier CA and patient status 20 (see item #24 page 10, and Appendix L, step #1).</li> </ul>
6	Logic	1/1/2015		Modify the description for Payment Adjustment flag 11 (See Table 7 and Appendix G).
7	Logic	4/1/2015		Assign Payment Adjustment flag 11 to composite APC lines where multiple service units passed in have been reduced to one by IOCE program logic (for APCs 34, 172, 173, 175, 176 and 8001, 8004-8009); update flowcharts in Appendix C and Appendix K.
8	Logic	1/1/2014	57	Correct the logic for edit 57 to return on claims for EAM composite APC when G0378 is present with a 1/1 service date. Update the flowcharts in Appendix K for EAM Composite and Direct Referral Composite to include reference to edit 57.
9	Logic	8/13/2013	71, 77	Update the code pair content for device/procedure and procedure/device editing associated with edits 71 and 77 retroactively to the earliest version of the IOCE to remove specific code pairs prior to an NCD approval date of 8/13/2013 for single chamber and dual chamber permanent cardiac pacemakers; add program logic to the IOCE to capture mid-quarter period of 7/1/2013 to 8/12/2013 to remove specified code pairs from editing for 71 and 77.
10	Logic	2/1/2015	67	Implement mid-quarter approval for codes 90620 and 90621.
11	Logic	4/1/2015	87	Updates to the skin substitute product list (Appendix P, List E).
12	Logic	4/1/2015	84	Update FQHC PPS logic to deactivate edit 84 for claims with bill type 77x; update Appendix F(a) to note deactivation of edit 84 for FQHC PPS bill type 77x (row 18).
13	Logic	4/1/2015		Update the FQHC flowchart in Appendix M to reflect the deactivation of edit 84.
14	Content	4/1/2015		Update qualifying code pair list for FQHC PPS in Appendix M.
15	Content	1/1/2015		Update Preventive Services list (Appendix P, List C) to add G0473 to the Deductible/Coinsurance N/A list.
16	Content	4/1/2015	22	Add modifiers EX and JF to the valid modifier list.
17	Content	4/1/2015		Make HCPCS/APC/SI changes as specified by CMS (data change files).
18	Content	4/1/2015	20, 40	Implement version <b>21.1</b> of the NCCI (as modified for applicable institutional providers).
19	Other	4/1/2015		Create 508-compliant versions of the specifications & Summary of Data Changes documents for

#	Type	Effective Date	Edits Affected	Modification
				publication on the CMS web site.
20	Other	4/1/2015		Deliver quarterly software update & all related documentation and files to users via electronic means.

**FINAL**  
**Summary of Data Changes**  
**Integrated OCE v 16.1**  
**Effective April 1, 2015**

## 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 01-01-15**

APC	APCDesc	StatusIndicator
01416	Factor xiii anti-hem factor	K

The following APC(s) were added to the IOCE, **effective 04-01-15**

APC	APCDesc	StatusIndicator
02623	Cath, translumin, drug-coat	H
09445	C-1 esterase, Ruconest	G
09448	Oral netupitant palonosetron	G
09449	Inj, blinatumomab	G
09450	Fluocinolone acetonide implt	G
09451	Injection, peramivir	G
09452	Inj, ceftolozane/tazobactam	G

### APC Description Changes

The following APC(s) had description changes, **effective 04-01-15**

APC	Old Description	New Description
01656	Factor VIII (Eloctate)	Factor VIII FC Fusion Recomb
01657	FortaDerm, FortaDerm Antimic	Fortaderm, fortaderm antimic
01745	Radium Ra223 dichloride ther	Radium ra223 dichloride ther
01746	Factor XIII recomb a-subunit	Factor xiii recomb a-subunit

## HCPCS/CPT PROCEDURE CODE CHANGES

### Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-15**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
90620	Menb pr w/omv vaccine im	E	00000	9	20150201	
90621	Menb rlp vaccine im	E	00000	9	20150201	

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-15**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C2623	Cath, translumin, drug-coat	H	02623	55		
C9445	C-1 esterase, Ruconest	G	09445	55		
C9448	Oral netupitant palonosetron	G	09448	55		
C9449	Inj, blinatumomab	G	09449	55		
C9450	Fluocinolone acetonide implt	G	09450	55		
C9451	Injection, peramivir	G	09451	55		
C9452	Inj, ceftolozane/tazobactam	G	09452	55		
Q9975	Factor VIII FC Fusion Recomb	G	01656			

### **Deleted HCPCS/CPT Procedure Codes**

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 04-01-15**

HCPCS	CodeDesc
C9136	Factor viii (eloctate)

### **HCPCS Description Changes**

The following code descriptions were changed, **effective 10-01-14**

HCPCS	Old Description	New Description
G0464	Colorec ca scr, sto bas dna	Colorec CA scr, sto bas DNA

The following code descriptions were changed, **effective 01-01-15**

HCPCS	Old Description	New Description
0341T	Quant pupillometry w/rprt	Quant pupillometry w/ rprt
11921	Correct skn color 6.1-20.0cm	Correct skn color 6.1-20.0cm
90697	Dtap-ipv-hib-hepb vaccine	Dtap-ipv-hib-hepb vaccine im
G6036	Assay of imipramine	Assay of Imipramine
G6049	Assay of epiandrosterone	Assay of Epiandrosterone
G6050	Assay of ethchlorvynol	Assay of Ethchlorvynol

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

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-14** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
G0464	Colorec CA scr, sto bas DNA			N	A		

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-15** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
0356T	Insrt drug device for iop			S	Q1		
81410	Aortic dysfunction/dilation			N	A		
81411	Aortic dysfunction/dilation			N	A		
81415	Exome sequence analysis			N	A		
81416	Exome sequence analysis			N	A		
81417	Exome re-evaluation			N	A		
81420	Fetal chroml aneuploidy			N	A		
81425	Genome sequence analysis			N	A		
81426	Genome sequence analysis			N	A		
81427	Genome re-evaluation			N	A		
81430	Hearing loss sequence analys			N	A		
81431	Hearing loss dup/del analys			N	A		
81435	Hereditary colon cancer			N	A		
81436	Hereditary colon ca synd			N	A		
81440	Mitochondrial gene			N	A		
81445	Targeted genomic seq analys			N	A		
81450	Targeted genomic seq analys			N	A		
81455	Targeted genomic seq analys			N	A		
81460	Whole mitochondrial genome			N	A		
81465	Whole mitochondrial genome			N	A		
81470	X-linked intellectual dblt			N	A		
81471	X-linked intellectual dblt			N	A		
86592	Syphilis test non-trep qual			N	A		
86593	Syphilis test non-trep quant			N	A		
86631	Chlamydia antibody			N	A		
86632	Chlamydia igm antibody			N	A		
86780	Treponema pallidum			N	A		
87110	Chlamydia culture			N	A		
87270	Chlamydia trachomatis ag if			N	A		
87320	Chylmd trach ag eia			N	A		
87341	Hepatitis b surface ag eia			N	A		
87490	Chylmd trach dna dir probe			N	A		
87491	Chylmd trach dna amp probe			N	A		
87590	N.gonorrhoeae dna dir prob			N	A		
87591	N.gonorrhoeae dna amp prob			N	A		
87800	Detect agnt mult dna direc			N	A		
87810	Chylmd trach assay w/optic			N	A		
87850	N. gonorrhoeae assay w/optic			N	A		
88380	Microdissection laser			B	N	62	N/A
88381	Microdissection manual			B	N	62	N/A
88387	Tiss exam molecular study			B	N	62	N/A
93895	Carotid intima atheroma eval	00340	00000	Q1	E	N/A	9
J7180	Factor xiii anti-hem factor	00000	01416	N	K		
V2760	Scratch resistant coating			A	E	N/A	9
V2762	Polarization, any lens			A	E	N/A	9
V2786	Occupational multifocal lens			A	E	N/A	9
V2797	Vis item/svc in other code			A	E	N/A	9

## Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 01-01-15**

HCPCS	Edit#	ActivDate	TermDate
90620	67	20150201	0
90621	67	20150201	0

## Procedure/ Device Pair Changes

The following procedure/device code pair requirements were removed, **effective 07-01-08**

Proc	Device1
33206	C1785
33206	C1786
33206	C2619
33206	C2620
33207	C1785
33207	C1786
33207	C2619
33207	C2620
33208	C1785
33208	C2619

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

Proc	Device1
33227	C1786
33227	C2620
33228	C1785
33228	C2619

## Device/Procedure Pair Changes

The following device/procedure code pair requirements were removed, **effective 07-01-08**

Device	Proc
C1785	33206
C1785	33207
C1785	33208
C1786	33206
C1786	33207
C2619	33206
C2619	33207
C2619	33208
C2620	33206
C2620	33207

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

Device	Proc
C1785	33228
C1786	33227
C2619	33228
C2620	33227

### **Deductible/Coinsurance Procedure Code Changes**

The following code(s) were added to the Deductible Coinsurance N/A list, **effective 01-01-15**

HCPCS
G0473

### **Lab Services Procedure Changes**

The following code(s) were added to the lab services procedure list, **effective 01-01-15**

HCPCS
88380
88381
88387

The following code(s) were removed from the lab services procedure list, **effective 01-01-15**

HCPCS
81410
81411
81415
81416
81417
81420
81425
81426
81427
81430
81431
81435
81436
81440
81445
81450
81455
81460
81465
81470
81471
86592
86593

HCPCS
86631
86632
86780
87110
87270
87320
87341
87490
87491
87590
87591
87800
87810
87850

**Skin Substitute High Cost Product Procedure Changes**

The following code(s) were added to the skin substitute high cost product list, **effective 04-01-15**

HCPCS
Q4150
Q4153

**Skin Substitute Low Cost Product Procedure Changes**

The following code(s) were removed from the skin substitute low cost product list, **effective 04-01-15**

HCPCS
Q4150
Q4153

**FQHC PPS Procedure Changes**

The following FQHC PPS payment code/qualifying visit code pair requirements were removed, **effective 04-01-15**

FQHC	Qualifying Visit
G0466	99381
G0466	99382
G0466	99383
G0466	99384
G0466	99385
G0466	99386
G0466	99387
G0467	99211
G0467	99391
G0467	99392

FQHC	Qualifying Visit
G0467	99393
G0467	99394
G0467	99395
G0467	99396
G0467	99397
G0469	90833
G0469	90836
G0469	90838
G0470	90833
G0470	90836
G0470	90838

The following mental health add-on procedure codes are removed from FQHC PPS, **effective 04-01-15**

HCPCS
90833
90836
90838

The following primary procedure codes for mental health add-on codes are removed from FQHC PPS, **effective 04-01-15**

HCPCS
99201
99202
99203
99204
99205
99211
99212
99213
99214
99215
99304
99305
99306
99307
99308
99309
99310
99315
99316
99318
99324
99325
99326
99327
99328
99334
99335
99336

HCPCS
99337
99341
99342
99343
99344
99345
99347
99348
99349
99350

The following FQHC PPS non-covered procedure codes are added, **effective 01-01-15**

HCPCS
90630
90651
G0473

The following FQHC PPS non-covered procedure codes are added, **effective 04-01-15**

HCPCS
99381
99382
99383
99384
99385
99386
99387
99391
99392
99393
99394
99395
99396
99397

## **MODIFIERS**

### **Added Modifiers**

The following modifier(s) were added to the list of valid modifiers, **effective 04-01-15**

modif	ACTIVATIONDATE
EX	0
JF	0