CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 3477	**Date: March 11, 2016**
	Change Request 9553

SUBJECT: April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1

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, 2016
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 4, 2016

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	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

Pub. 100-04	Transmittal: 3477	Date: March 11, 2016	Change Request: 9553

SUBJECT: April 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.1

EFFECTIVE DATE: April 1, 2016
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 4, 2016

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, 2016. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. 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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9553.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
9553.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at http://www.cms.gov/OutpatientCodeEdit/.	X		X		X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME	CED

		A	B	H H H	M A C	I
9553.3	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 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:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

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

Summary of Quarterly Release Modifications

The modifications of the IOCE for the April 2016 v17.1 release 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 appears in the 'Effective Date' column.

#	Type	Effective Date	Edits Affected	Modification
1	Logic	4/1/2016	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date included for this release is 7/1/2009.
2	Logic	**10/1/2015**	2, 3, 86	Update diagnosis editing for ICD-10 diagnosis codes (see quarterly data files, Dx10Map): - Remove age restrictions for specific newborn and pediatric diagnosis codes that are to be used throughout the patient's lifetime - Additions and removal of age edits for specific maternity diagnosis codes - Remove sex restriction for specific diagnosis codes currently restricted for female patients - Additional codes added to the list of manifestation diagnosis codes
3	Logic	**1/1/2016**		Implement new logic to identify pass-through drugs and biologicals present for payment offset; output each offset amount condition present with Payer Value codes QR, QS, QT and identify the pass-through drug or biological procedures for payment offset with new payment adjustment flag values (see OPPS special processing logic, Table 5, Table 7 and Appendix G).
4	Logic	**1/1/2016**		Implement new logic to identify terminated device intensive procedures reported with modifier 73; output the device portion amount with Payer Value code QQ and identify the device intensive procedure reported with modifier 73 with a payment adjustment flag (see OPPS special processing logic, Table 5, Table 7 and Appendix G).
5	Logic	**1/1/2016**		Implement new logic to identify device credit conditions for device intensive APCs when Condition Code 49, 50 or 53 is present; output the device credit amount with Payer Value code QQ and identify the device intensive procedure with a payment adjustment flag (see OPPS special processing logic, Table 5, Table 7 and Appendix G).
6	Logic	4/1/2016	6, 91	Implement edit 91 for RHC (Rural Health Clinic) claims with bill type 71x to be returned if non-covered services are reported (see special processing logic for FQHC PPS claims, Appendix F(a) and Appendix M); update the description for edit 91 to include RHC. Implement edit 6 for RHC (see Appendix F (a)).
7	Logic	**1/1/2016**		Update the program logic for CT scan payment reduction when not meeting NEMA standards to assign payment adjustment flag 14 to the multiple imaging composite APC line if modifier CT modifier is not present but there are composite constituent codes present that do report modifier CT (see OPPS special processing logic and Appendix K).
8	Logic	**1/1/2016**	45	Update the logic for edit 45 to include criteria for inpatient separate procedures reported on the same claim as a comprehensive APC procedure with SI = J1.
9	Logic	**1/1/2016**		Update Appendix L to include procedure codes with SI = C in the list of non-allowed procedures by SI for OPPS claims.
10	Logic	**1/1/2016**		Update the program logic for pass-through device payment offset to not provide the offset if the primary comprehensive APC procedure (SI = J1) is not paired with a pass-through device code present on the claim (see OPPS special processing logic and Appendix L).
11	Logic	**1/1/2016**		Update Appendix E with a note for setting the Payment Method Flag to 2 for laboratory codes with SI = Q4 that result in final assignment of SI = A.
12	Logic	**1/1/2016**		Update the program logic for comprehensive APC 5881 (inpatient procedure where patient expired) to correctly exclude services designated as comprehensive APC exclusions when reported on the same day when APC 5881 is assigned.
13	Logic	**1/1/2015**		Update program logic for comprehensive APC processing to recognize modifier 50 for comprehensive APC procedures that may be eligible for complexity adjustment (see Appendix L).
14	Logic	**1/1/2016**		Update the program logic for Grandfathered Tribal FQHC claims to identify the single payable visit (payment indicator 14) for each day if the claim contains multiple days (see Appendix M).
15	Logic	**1/1/2016**		Update the program logic for Grandfathered Tribal FQHC claims to assign the composite adjustment flag only for the single payable visit for the day (see Appendix M).
16	Field Definition	**1/1/2016**		Modify the output of the Payer Value Code and Amount field to pass blanks for the Value Code label (QN-QW) and zero-fill the Amount portion of the field if conditions for payment offset are not present on the claim (see Table 5). Note: If conditions for edit 24 (Date out of OCE range) are present, Payer Value Code and Amount is blank (no zero-fill).
17	Field Definition			Add the following new Payer Value Codes to the field output (see Table 5): - QP: Placeholder reserved for future use - QQ: Terminated procedure with pass-through device OR condition for device credit present - QR: First APC pass-through drug or biological offset - QS: Second APC pass-through drug or biological offset - QT: Third APC pass-through drug or biological offset Revise the following Payer Value Code descriptions: - QN: First APC device offset - QO: Second APC device offset

#	Type	Effective Date	Edits Affected	Modification
18	Field Definition			Add the following new Payment Adjustment Flag values (see Table 7 and Appendix G): - 15: Placeholder reserved for future use - 16: Terminated procedure with pass-through device - 17: Condition for device credit present - 18: Offset for first pass-through drug or biological - 19: Offset for second pass-through drug or biological - 20: Offset for third pass-through drug or biological Revise the following Payment Adjustment Flag descriptions: - 12: Offset for first device pass-through - 13: Offset for second device pass-through
19	PC Product	**1/1/2016**		Correction of the issue with the interactive PC IOCE product that caused claims to not complete processing to the output report when the pass-through device offset amount was greater than $999.99.
20	Documentation	**1/1/2016**		The following clarifying information is added (no change to software program logic): - Direct Referral logic to include J1 procedures (page 46) with the SI = T criteria - Critical Care packaged ancillary codes (page 11): update SI values for codes subject to modifier 59 exception. - Conditionally packaged laboratory codes (page 12): laboratory codes that are always packaged with SI = N, and removal of SI J1 and J2 (comprehensive APCs) from list of OPPS services by SI under which laboratory codes with SI = Q4 are changed to SI = A for claims with bill type 13x.
21	Content	**11/24/2015**	67	Add mid-quarter editing for FDA approval of code 90653 (SI changed to L).
22	Content	4/1/2016		Update the following procedure lists for the release (see quarterly data files): - Procedures not recognized under OPPS (SI=B) - Conditionally packaged laboratory services (SI=Q4) - FQHC non-covered services - Device offset pairs - Device list (edit 92) - Comprehensive APC exclusions - New pass-through drug and biological/APC offset - New device intensive procedures for terminated procedure and device credit (Value Code QQ)
23	Content	4/1/2016		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).
24	Content	4/1/2016	20, 40	Implement version **22.1** of the NCCI (as modified for applicable outpatient institutional providers).
25	Other	4/1/2016		Create 508-compliant versions of the Specifications and Summary of Data Changes documents for publication on the CMS web site. Provide MF and PC IOCE software and supporting quarterly data file reports for publication on the CMS web site.
26	Other	4/1/2016		Deliver quarterly software update and all related documentation and files to users via electronic means.

FINAL

Summary of Data Changes

Integrated OCE v 17.1

Effective April 1, 2016

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.

DIAGNOSIS CODE CHANGES

Diagnosis Edit Changes

The following ICD-10 code(s) were removed from the list of newborn only diagnoses, age 0 years old, **effective 10-01-15**

Diagnosis
D807
E71511
P000
P001
P002
P003
P004
P005
P006
P007
P0081
P0089
P009
P010
P011
P012
P013
P014
P015
P016
P017
P018
P019
P020
P021
P0220
P0229
P023
P024
P025
P0260
P0269
P027
P028
P029
P030
P031
P032
P033
P034
P035
P036
P03810
P03811
P03819
P0382
P0389
P039
P040
P041

Diagnosis
P042
P043
P0441
P0449
P045
P046
P048
P049
P0500
P0501
P0502
P0503
P0504
P0505
P0506
P0507
P0508
P0510
P0511
P0512
P0513
P0514
P0515
P0516
P0517
P0518
P052
P059
P0700
P0701
P0702
P0703
P0710
P0714
P0715
P0716
P0717
P0718
P0720
P0721
P0722
P0723
P0724
P0725
P0726
P0730
P0731
P0732
P0733
P0734
P0735
P0736
P0737
P0738
P0739
P080
P081
P0821
P0822
P09
P100

Diagnosis
P101
P102
P103
P104
P108
P109
P110
P111
P112
P113
P114
P115
P119
P120
P121
P122
P123
P124
P1281
P1289
P129
P130
P131
P132
P133
P134
P138
P139
P140
P141
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P148
P149
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P151
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P199
P220
P221
P228
P229
P230
P231
P232
P233
P234
P235
P236
P238
P239
P2400

Diagnosis
P2401
P2410
P2411
P2420
P2421
P2430
P2431
P2480
P2481
P249
P250
P251
P252
P253
P258
P260
P261
P268
P269
P280
P2810
P2811
P2819
P282
P283
P284
P285
P2881
P2889
P289
P290
P2911
P2912
P292
P293
P294
P2981
P2989
P299
P350
P351
P352
P353
P358
P359
P360
P3610
P3619
P362
P3630
P3639
P364
P365
P368
P369
P370
P371
P372
P373
P374
P375

Diagnosis
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P379
P381
P389
P390
P391
P392
P393
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P398
P399
P500
P501
P502
P503
P504
P505
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P510
P518
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P521
P5221
P5222
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P524
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P529
P53
P540
P541
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P545
P546
P548
P549
P550
P551
P558
P559
P560
P5690
P5699
P570
P578
P579
P580
P581
P582
P583
P5841
P5842
P585
P588
P589

Diagnosis
P590
P591
P5920
P5929
P593
P598
P599
P60
P610
P611
P612
P613
P614
P615
P616
P618
P619
P700
P701
P702
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P762
P768
P769
P771
P772
P773
P779
P780
P781
P782
P783
P7881
P7882
P7883

Diagnosis
P7889
P789
P800
P808
P809
P810
P818
P819
P830
P831
P832
P8330
P8339
P834
P836
P838
P839
P84
P90
P910
P911
P912
P913
P914
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P9160
P9161
P9162
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P9201
P9209
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P922
P923
P924
P925
P926
P928
P929
P930
P938
P940
P941
P942
P948
P949
P95
P960
P961
P962
P963
P965
P9682
P9683
P9689
P969
Q861

The following ICD-10 code(s) were removed from the list of pediatric diagnoses, age 0-17 years old, **effective 10-01-15**

Diagnosis
H26001
H26002
H26003
H26009
H26011
H26012
H26013
H26019
H26031
H26032
H26033
H26039
H26041
H26042
H26043
H26049
H26051
H26052
H26053
H26059
H26061
H26062
H26063
H26069
H2609
R6250
R6252
R6259
Y936A
Z6851
Z6852
Z6853
Z6854

The following ICD-10 code(s) were added to the list of maternity diagnoses, age 12-55 years old, **effective 10-01-15**

Diagnosis
C58
D392
F53

The following ICD-10 code(s) were removed from the list of maternity diagnoses, age 12-55 years old, **effective 10-01-15**

Diagnosis
Z640

The following ICD-10 code(s) were added to the list of manifestation diagnoses, **effective 10-01-15**

DIAGNOSIS
M0280
M02811
M02812
M02819
M02821
M02822
M02829
M02831
M02832

DIAGNOSIS
M02839
M02841
M02842
M02849
M02851
M02852
M02859
M02861
M02862
M02869
M02871
M02872
M02879

The following ICD-10 code(s) were removed from the list of female diagnoses, **effective 10-01-15**

DIAGNOSIS
Z4430
Z4431
Z4432
Z45811
Z45812
Z45819
Z640
Z641
Z79890

APC CHANGES

Added APCs

The following APC(s) were added to the IOCE, **effective 04-01-16**

APC	APCDesc	StatusIndicator
01844	Adynovate Factor VIII recom	G
01845	Tacrol envarsus ex rel oral	G
01846	Nuwiq Factor VIII recomb	G
09461	Choline C 11, diagnostic	G
09470	Aripiprazole lauroxil im	G
09471	Hymovis, 1 mg	G
09472	Inj talimogene laherparepvec	G
09473	Injection, mepolizumab	G
09474	Inj, irinotecan liposome	G
09475	Injection, necitumumab	G

Deleted APCs

The following APC(s) were deleted from the IOCE, **effective 01-01-16**

APC	APCDesc
01605	Abciximab injection
03041	Bivalirudin

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-16**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G0477	Drug test presump optical	Q4	00000			
G0478	Drug test presump opt inst	Q4	00000			
G0479	Drug test presump not opt	Q4	00000			
G0480	Drug test def 1-7 classes	Q4	00000			
G0481	Drug test def 8-14 classes	Q4	00000			
G0482	Drug test def 15-21 classes	Q4	00000			
G0483	Drug test def 22+ classes	Q4	00000			

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-16**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9137	Adynovate Factor VIII recom	G	01844	55		
C9138	Nuwiq Factor VIII recomb	G	01846	55		
C9461	Choline C 11, diagnostic	G	09461	55		
C9470	Aripiprazole lauroxil im	G	09470	55		
C9471	Hymovis, 1 mg	G	09471	55		
C9472	Inj talimogene laherparepvec	G	09472	55		
C9473	Injection, mepolizumab	G	09473	55		
C9474	Inj, irinotecan liposome	G	09474	55		
C9475	Injection, necitumumab	G	09475	55		
G9481	Remote E/M new pt 10mins	B	00000	62		
G9482	Remote E/M new pt 20mins	B	00000	62		
G9483	Remote E/M new pt 30mins	B	00000	62		
G9484	Remote E/M new pt 45mins	B	00000	62		
G9485	Remote E/M new pt 60mins	B	00000	62		
G9486	Remote E/M est. pt 10mins	B	00000	62		
G9487	Remote E/M est. pt 15mins	B	00000	62		
G9488	Remote E/M est. pt 25mins	B	00000	62		
G9489	Remote E/M est. pt 40mins	B	00000	62		
G9490	Joint replac mod home visit	B	00000	62		
G9678	Oncology Care Model service	B	00000	62		

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-16**

HCPCS	CodeDesc
G0464	Colorec ca scr, sto bas dna
G9668	Doc med rsn no stat tx/presc

HCPCS Description Changes

The following code descriptions were changed, **effective 04-01-16**

HCPCS	Old Description	New Description
81294	Mlh1 gene dup/ variant	Mlh1 gene dup/delete variant
81297	Msh2 gene dup/ variant	Msh2 gene dup/delete variant
81300	Msh6 gene dup/ variant	Msh6 gene dup/delete variant
G8925	Fev<60% pred & no copd sym	FEV>=60% & no COPD sym
G9562	Foll-up eval q3mo during cot	Foll-up eval q3mo opiod tx
G9563	No eval q3mo during cot	No f/u eval q3mo opiod tx
G9578	Doc opioid tx 1x during cot	Doc opioid tx 1x during ther
G9579	No doc opioid tx 1x dur cot	No doc opioid tx 1x at ther
G9584	Eval opioid tool 1x at cot	Eval opioid use instr/pt int
G9585	No eval opi tool 1x at cot	No eval Opi use instr/intv
G9618	Doc scr uter bld or us/samp	Doc scr uter mal or US/samp
G9619	Doc rsn no scr abn uter bld	Doc rsn no scr uter malig
G9620	No scr uter/post men bld	No scr utr malig/US/samp RNG
G9621	Scr unheal etoh w/cess csl	Scr unheal ETOH w/counsel
G9622	Current etoh no user	No unheal ETOH user
G9623	Doc med rsn no scr etoh use	Doc med rsn no scr ETOH use
G9624	Etoh scr not given, nrg	No ETOH scr/no counc/NRG

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

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-15** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90653	Flu vaccine adjuvant im			E	L	9	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-16** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
83992	Assay for phencyclidine			Q4	B	N/A	62
J0130	Abciximab injection	01605	00000	K	N		
J0583	Bivalirudin	03041	00000	K	N		
J1443	Inj ferric pyrophosphate cit			E	N	9	N/A
J2704	Inj, propofol, 10 mg			E	N	9	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-16** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J7503	Tacrol envarsus ex rel oral	00000	01845	E	G	9	N/A

Comprehensive APC Procedure Exclusion Changes

The following codes were added to the comprehensive APC exclusion list, **effective 01-01-15**

HCPCS
G0296
G0297

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
90653	0	20151124		

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 10-01-15**

HCPCS	Edit#	ActivDate	TermDate
90653	67	20151124	

The following code(s) were removed from the conditional bilateral list, **effective 01-01-16**

HCPCS
92537

The following code(s) were added to the independent bilateral list, **effective 01-01-16**

HCPCS
73551
73552
73560

The following code(s) were added to the inherently bilateral list, **effective 01-01-16**

HCPCS
92537
92538

Device Code Procedure Changes

The following code(s) were added to the device code list (edit 92), **effective 01-01-16**

HCPCS
C1840
C1841
L8699

Device Credit Procedure Changes

The following code(s) were added to the list of device intensive procedures that may be subject to device credit, **effective 01-01-16**

Hcpcs
0100T
0171T
0234T
0236T
0237T
0238T
0268T
0282T

Hcpcs
0283T
0302T
0303T
0304T
0308T
0312T
0316T
0387T
0408T
0409T
0410T
0411T
0414T
0424T
0425T
0426T
0427T
0431T
20696
21243
22551
22554
22856
23470
23616
24361
24362
24363
24366
24370
24371
24410
24435
24545
24546
24587
25441
25442
25444
25446
27279
27356
27438
27440
27441
27442
27446
27870
28420
28705
28715
28735
29889
33206
33207
33208
33210
33211
33212
33213
33214

Hcpcs
33216
33217
33221
33224
33227
33228
33229
33230
33231
33233
33240
33249
33262
33263
33264
33270
33271
33282
37221
37225
37226
37227
37228
37229
37230
37231
37236
37238
37241
37242
37243
37244
43647
53445
53447
54401
54405
54410
54411
54416
54417
61623
61626
61885
61886
61888
62360
62361
62362
63650
63655
63663
63664
63685
64553
64555
64561
64565
64568
64569
64575

Hcpcs
64580
64581
64590
65770
67027
69714
69715
69930
92924
92928
92933
92937
92941
92943
92987
92990
92997
93580
93581
93582
C9600
C9602
C9604
C9606
C9607
C9740

Device Offset Procedure Changes

The following device/procedure offset pair requirements were added, **effective 01-01-16**

Device	Procedure
C2623	37224
C2623	37225
C2623	37226
C2623	37227

Pass Through Drug or Biological Offset Procedure Changes

The following pass-through radiopharmaceutical/nuclear medicine APC offset pair requirements were added, **effective 01-01-16**

Drug	Procedure APC
A9586	5591
A9586	5592
A9586	5593
A9586	5594
C9458	5591
C9458	5592
C9458	5593
C9458	5594
C9459	5591
C9459	5592
C9459	5593
C9459	5594

Drug	Procedure APC
C9461	5591
C9461	5592
C9461	5593
C9461	5594

The following pass-through skin substitute product/skin procedure APC offset pair requirements were added, **effective 01-01-16**

SkinProduct	Procedure APC
C9349	5054
C9349	5055
Q4121	5054
Q4121	5055

The following pass-through contrast agent/radiological procedure APC offset pair requirements were added, **effective 01-01-16**

Contrast	Procedure APC
Q9950	5181
Q9950	5182
Q9950	5183
Q9950	5188
Q9950	5191
Q9950	5192
Q9950	5193
Q9950	5351
Q9950	5352
Q9950	5523
Q9950	5524
Q9950	5525
Q9950	5526
Q9950	5561
Q9950	5562
Q9950	5571
Q9950	5582
Q9950	5881
Q9950	8006
Q9950	8008

Lab Services Procedure Changes

The following code(s) were added to the conditional packaging laboratory services procedure list, **effective 01-01-16**

HCPCS
G0477
G0478
G0479
G0480
G0481
G0482
G0483

FQHC PPS Procedure Changes

The following FQHC PPS non-covered procedure codes are added, **effective 04-01-16**

HCPCS

HCPCS
G0475
G0476