CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3264	**Date: May 22, 2015**
	Change Request 9190

SUBJECT: July 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.2

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, 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: July 1, 2015
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 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.*

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 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: 3264	Date: May 22, 2015	Change Request: 9190

SUBJECT: July 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.2

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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 July 1, 2015. 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			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	
9190.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
9190.2	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	D M E	C E D

		A	B	H H H	M A C	I
9190.3	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: N/A

"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

Pre-Implementation Contact(s): Yvonne Young, Yvonne.Young@cms.hhs.gov , Anita Antkowiak, Anita.Antkowiak2@cms.hhs.gov , Marina Kushnirova, 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 July 2015 release (V16.2) 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 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	7/1/2015	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 in this July 2015 release is 10/1/2008.
2	Logic	7/1/2015	88, 89	Update Appendix M (FQHC) to note edits 88 and 89 are bypassed for FQHC PPS claims when Telehealth originating site services HCPCS code Q3014 is reported and there is no FQHC payment code or qualifying visit code present.
3	Logic	7/1/2015		Assign Payment Adjustment Flag 11 (see Appendix G) when the OCE reduces service units to one (see Table 7) for the following: - Conditionally packaged HCPCS codes (SI = Q1, Q2) that have final SI change to S, T or V (see OPPS special processing conditions, page 8) - FQHC payment HCPCS codes (see Appendix M)
4	Logic	**1/1/2015**	38	Update the edit logic for edit 38 to include criteria for comprehensive APC procedures codes with SI = J1: - There is a code with status indicator H or U present, but no type S, T, or **J1** procedures are present on the same claim.
5	Logic	**3/6/2015**	67	Implement mid-quarter FDA approval for HCPCS Q5101.
6	Logic	**1/1/2015**	92	Updates to the device list (see Summary of Data Changes).
7	Content	**1/1/2015**		Updates to the packaged laboratory services list (see Summary of Data Changes).
8	Content	**1/1/2015**		Revise the code effective begin date for HCPCS code G0276 and remove the previous mid-quarter edit requirement for edit 68.
9	Content	**1/1/2015**		Updates to the complexity-adjusted code pairs for comprehensive APCs (see Summary of Data Changes).
10	Content	7/1/2015		Make HCPCS/APC/SI changes as specified by CMS (data change files).
11	Content	7/1/2015	20, 40	Implement version **21.2** of the NCCI (as modified for applicable institutional providers).
12	Documentation	7/1/2015		Update the IOCE PC product User and Installation Manual for notification of supported Microsoft® Windows® versions.
13	Documentation	7/1/2015		Update the FQHC processing information (page 10-11) for clarification purposes (does not represent any new logic changes).
14	Documentation	7/1/2015		The IOCE specification document has updates for minor, general formatting changes made to tables and footnotes throughout the document.
15	Other	7/1/2015		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.
16	Other	7/1/2015		Deliver quarterly software update and all related documentation and files to users via electronic means.

FINAL

Summary of Data Changes

Integrated OCE v 16.2

Effective July 1, 2015

Table of Contents

CPT codes, descriptions, and material only are Copyright 2014 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

- 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
01807	Menb pr w/omv vaccine im	K
01808	Menb rlp vaccine im	K

The following APC(s) were added to the IOCE, **effective 07-01-15**

APC	APCDesc	StatusIndicator
02613	Lung bx plug w/del sys	H
09453	Injection, nivolumab	G
09454	Inj, pasireotide long acting	G
09455	Injection, siltuximab	G

Deleted APCs

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

APC	APCDesc
01439	Aprotonin, 10,000 kiu

APC Description Changes

The following APC(s) had description changes, **effective 07-01-15**

APC	Old Description	New Description
01491	New Technology - Level IA ($0-$10)	New Technology - Level IA ($0-$10)
01492	New Technology - Level IB ($10-$20)	New Technology - Level IB ($10-$20)
01493	New Technology - Level IC ($20-$30)	New Technology - Level IC ($20-$30)
01494	New Technology - Level ID ($30-$40)	New Technology - Level ID ($30-$40)
01495	New Technology - Level IE ($40-$50)	New Technology - Level IE ($40-$50)
01496	New Technology - Level IA ($0-$10)	New Technology - Level IA ($0-$10)
01497	New Technology - Level IB($10-$20)	New Technology - Level IB ($10-$20)
01498	New Technology - Level IC ($20-$30)	New Technology - Level IC ($20-$30)
01499	New Technology - Level ID($30-$40)	New Technology - Level ID ($30-$40)
01500	New Technology - Level IE ($40-$50)	New Technology - Level IE ($40-$50)
01502	New Technology - Level II ($50 - $100)	New Technology - Level II ($50 - $100)
01503	New Technology - Level III ($100 - $200)	New Technology - Level III ($100 - $200)
01504	New Technology - Level IV ($200 - $300)	New Technology - Level IV ($200 - $300)
01505	New Technology - Level V ($300 - $400)	New Technology - Level V ($300 - $400)
01506	New Technology - Level VI ($400 - $500)	New Technology - Level VI ($400 - $500)
01507	New Technology - Level VII ($500 - $600)	New Technology - Level VII ($500 - $600)
01657	Fortaderm, fortaderm antimic	PuraPly, PuraPly Antimic
09448	Oral netupitant palonosetron	Netupitant Palonosetron oral

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
Q5101	Inj filgrastim g-csf biosim	E	00000	9	20150306	

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-15**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0009M	Fetal aneuploidy trisom risk	A	00000			
0010M	Onc Prostate prob score	E	00000	9		
0392T	Lap es sph augment dev place	T	00174			
0393T	Es sph augmnt device removal	Q2	00130			
C2613	Lung bx plug w/del sys	H	02613	55		
C9453	Injection, nivolumab	G	09453	55		
C9454	Inj, pasireotide long acting	G	09454	55		
C9455	Injection, siltuximab	G	09455	55		
Q9976	Inj Ferric Pyrophosphate Cit	E	00000	28		
Q9977	Compounded Drug NOC	N	00000			
Q9978	Netupitant Palonosetron oral	G	09448			

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-14 through 12-31-14**

HCPCS	CodeDesc
G0276	Pild/placebo control clin tr

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-15**

HCPCS	CodeDesc
C9448	Oral netupitant palonosetron
C9737	Lap esoph augmentation
S8262	Mandib ortho repos device

HCPCS Description Changes

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

HCPCS	Old Description	New Description
G0279	Tomosynthesis, mammo screen	Tomosynthesis, mammo

The following code descriptions were changed, **effective 07-01-15**

HCPCS	Old Description	New Description
C9349	Fortaderm, fortaderm antimic	PuraPly, PuraPly Antimic

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

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

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
0004M	Scoliosis dna alys			E	A	9	N/A
0006M	Onc hep gene risk classifier			E	A	9	N/A
0007M	Onc gastro 51 gene nomogram			E	A	9	N/A
0008M	Onc breast risk score			E	A	9	N/A
81519	Oncology breast mrna			N	A		
90620	Menb pr w/omv vaccine im	00000	01807	E	K	9	N/A
90621	Menb rlp vaccine im	00000	01808	E	K	9	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-15** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J0365	Aprotonin, 10,000 kiu	01439	00000	K	E	N/A	9

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
G0276	20140109	0		

Comprehensive APC Complexity Adjusted Code Pair Changes

The following code pairs were added to the comprehensive APC complexity adjusted pairs list, **effective 01-01-15**

Primary CompApc Proc	Secondary CompApc Proc
37221	37242
37221	37243
37221	37244
37236	37242
37236	37243
37238	37241

Edit Assignments

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

HCPCS	Edit#	ActivDate	TermDate
Q5101	67	20150306	0

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

HCPCS	Edit#	ActivDate	TermDate
G0276	68	20140109	

Device Code Procedure Changes

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

HCPCS
C1821

The following code(s) were added to the device code list, **effective 04-01-15**

HCPCS
C2623

Lab Services Procedure Changes

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

HCPCS
81519
88341
88364
88369
88373

FQHC PPS Procedure Changes

The following FQHC PPS non-covered procedure codes are added, **effective 07-01-15**

HCPCS
90846
90847
90853
96153
96154
96155

MODIFIERS

Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 07-01-15**

modif	ACTIVATIONDATE
JF	0