

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3989	Date: March 2, 2018
	Change Request 10514

SUBJECT: April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1

I. SUMMARY OF CHANGES: This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (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 publication 100-04, chapter 4, section 40.1.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

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: 3989	Date: March 2, 2018	Change Request: 10514
--------------------	--------------------------	----------------------------	------------------------------

SUBJECT: April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: This instruction informs the A/B Medicare Administrative Contractors (MACs) Part A, the A/B MACs Part Home Health and Hospice (HHH) and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for April 1, 2018. 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 publication 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 S	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10514.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
10514.2	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
10514.3	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 , Marina Kushnirova, Marina.Kushnirova@cms.hhs.gov , Fred Rooke, Fred.Rooke@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

FINAL
Summary of Data Changes
Integrated OCE v19.1
Effective April 1, 2018

Table of Contents

CPT codes, descriptions, and material only are Copyright 2017 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>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>	6
<u>HCPCS Description Changes</u>	6
<u>HCPCS Changes- APC, Status Indicator and/or Edit Assignments</u>	6
<u>Comprehensive APC Complexity Adjusted Code Pair Changes</u>	7
<u>Device Credit Procedure Changes</u>	7
<u>Skin Substitute High Cost Product Procedure Changes</u>	7
<u>Skin Substitute Low Cost Product Procedure Changes</u>	7
<u>FQHC/RHC Procedure Changes</u>	7
<u>RHC PPS Procedure Changes</u>	8
MODIFIERS	8
<u>Added Modifiers</u>	8
<u>Deleted Modifiers</u>	8

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 04-01-18**

APC	APCDesc	StatusIndicator
09035	Axicabtagene ciloleucel car+	G
09036	Injection, renflexis	G
09462	Injection, delafloxacin	G
09463	Injection, aprepitant	G
09464	Injection, rolapitant	G
09465	Injection, Durolane	G
09466	Injection, benralizumab	G
09467	Inj rituximab hyaluronidase	G
09468	Inj, factor ix, Rebinyn	G
09469	Inj triamcinolone acetoneide	G

APC Description Changes

The following APC(s) had description changes, **effective 04-01-18**

APC	Old Description	New Description
01822	Inj filgrastim gcsf biosimil	Injection, zarxio
01847	Inj., infliximab biosimilar	Injection, inflectra

APC Status Indicator Changes

The following APC(s) had Status Indicator changes, **effective 04-01-18**

APC	Old SI	New SI
09031	K	G
09081	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 01-01-18**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0011M	Onc prst8 ca mrna 12 gen alg	A	00000			
0024U	Glyca nuc mr spectrsc quan	Q4	00000			
0025U	Tenofovir liq chrom ur quan	Q4	00000			
0026U	Onc thyr dna&mrna 112 genes	A	00000			
0027U	Jak2 gene trgt seq alys	A	00000			
0028U	Cyp2d6 gene cpy nmr cmn vrnt	A	00000			
0029U	Rx metab advrs trgt seq alys	A	00000			
0030U	Rx metab warf trgt seq alys	A	00000			
0031U	Cyp1a2 gene	A	00000			
0032U	Comt gene	A	00000			
0033U	Htr2a htr2c genes	A	00000			
0034U	Tpmt nudt15 genes	A	00000			

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-18**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9462	Injection, delafloxacin	G	09462	55		
C9463	Injection, aprepitant	G	09463	55		
C9464	Injection, rolapitant	G	09464	55		
C9465	Injection, Durolane	G	09465	55		
C9466	Injection, benralizumab	G	09466	55		
C9467	Inj rituximab hyaluronidase	G	09467	55		
C9468	Inj, factor ix, Rebinyn	G	09468	55		
C9469	Inj triamcinolone acetone	G	09469	55		
C9749	Repair nasal stenosis w/imp	J1	05164	55		
G9873	1 EM core session	M	00000	72		
G9874	4 EM core sessions	M	00000	72		
G9875	9 EM core sessions	M	00000	72		
G9876	2 EM core MS mo 7-9 no WL	M	00000	72		
G9877	2 EM core MS mo 10-12 no WL	M	00000	72		
G9878	2 EM core MS mo 7-9 WL	M	00000	72		
G9879	2 EM core MS mo 10-12 WL	M	00000	72		
G9880	EM 5 percent WL	M	00000	72		
G9881	EM 9 percent WL	M	00000	72		
G9882	2 EM ongoing MS mo 13-15 WL	M	00000	72		
G9883	2 EM ongoing MS mo 16-18 WL	M	00000	72		
G9884	2 EM ongoing MS mo 19-21 WL	M	00000	72		
G9885	2 EM ongoing MS mo 22-24 WL	M	00000	72		
K0903	Mult den insert dir carv/cam	Y	00000	61		
Q2041	Axicabtagene ciloleucel car+	G	09035			
Q5103	Injection, inflectra	G	01847			
Q5104	Injection, renflexis	G	09036			

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-18**

HCPCS	CodeDesc
0004U	Nfct ds dna 27 resist genes
0015U	Rx metab advrs rx rxn dna
G9976	Doc pat rsn no mac exm perf
G9977	Dil mac exam no perf rsn nos

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 04-01-18**

HCPCS	CodeDesc
Q5102	Inj., infliximab biosimilar

HCPCS Description Changes

The following code descriptions were changed, **effective 01-01-18**

HCPCS	Old Description	New Description
G0516	Insert drug del implant, >4	insert drug implant, >=4

The following code descriptions were changed, **effective 04-01-18**

HCPCS	Old Description	New Description
G9367	2high risk med ord	>= 2 same hi-rsk med ord
G9368	2high risk no ord	>= 2 same hi-rsk med not ord
G9490	Joint replac mod home visit	CMMI mod home visit
G9637	>= 2 same hi-rsk med ord	Doc >1 dose reduc tech
G9638	>= 2 same hi-rsk med not ord	No doc >1 dose reduc tech
G9890	Mac exam perf	EM Bridge Payment
G9891	Doc med rsn no dil mac exam	EM session reporting
Q5101	Inj filgrastim gcsf biosimil	Injection, zarxio

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

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-18** **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			B	E1	62	28

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-18** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J0606	Inj, etelcalcetide, 0.1 mg			K	G		
Q2040	Tisagenlecleucel car-pos t			K	G		

Comprehensive APC Complexity Adjusted Code Pair Changes

The following code pairs were added to the comprehensive APC complexity adjusted pairs list, **effective 01-01-18**

Primary HCPCS	Secondary HCPCS
37187	37248

Device Credit Procedure Changes

The following code(s) were added to the list of pass-through device code pairs subject to payment offset with a mid-quarter activation, **effective 07-01-17**

PassThroughDevice	DeviceProcedure	Amount	ActivationDate
C2623	36902		08-25-17
C2623	36903		08-25-17

Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 04-01-18**

HCPCS
Q4180

Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 04-01-18**

HCPCS
Q4180

FQHC/RHC Procedure Changes

The following code(s) were added to the FQHC/RHC Edit 72 Bypass procedure list, **effective 04-01-18**

HCPCS
G0179
G0180
G0181
G0182
G0372
G0403

RHC Procedure Changes

The following code(s) were added to the RHC Modifier procedure list, **effective 04-01-18**

HCPCS
36415
90849
90853
90863
99211
G0511
G0512

MODIFIERS

Added Modifiers

The following modifier(s) were added to the list of valid modifiers, **effective 04-01-18**

modif	ACTIVATIONDATE
QA	0
QB	0
QR	0
VM	0

Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 04-01-18**

modif	ACTIVATIONDATE
ZA	0
ZB	0
ZC	20170724

Summary of Quarterly Release Modifications

The modifications of the IOCE for the **April 2018 V19.1** 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	4/1/2018	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 7/1/2011.
2	Logic	1/1/2018		Update the program to remove the logic that assigns HCPCS level modifier V3 to the line level output for OPPTS claims submitted with drug HCPCS lines with S1 = K that are reported with modifier JG.
3	Logic	4/1/2018	72	Implement program logic to bypass edit 72 when a HCPCS is present from a specified list for RHC and FQHC claims (see quarterly data files for HCPCS subject to edit 72 bypass).
4	Logic	4/1/2018	104	Implement new edit 104: Service not eligible for all-inclusive rate (LIR) Edit criteria: RHC claim with bill type 71x contains a line reported with modifier CG that is not eligible for the RHC all-inclusive rate. (Rural Health Clinic Processing)
5	Logic	7/1/2017	105	Implement new edit 105: Claim reported with pass-through device prior to FDA approval for procedure (LID) Edit criteria: A procedure is reported with a pass-through device prior to the FDA approval date for the procedure paired with the device. The line item denial is returned on the device line. (Pass-Through Device Processing)
6	Logic	4/1/2018	106	Implement new edit 106: Add-on code reported without required primary procedure code (LID) Edit criteria: A Type I add-on code is reported on a non-OPPS claim without any of its defined primary codes. The disposition is set to line item denial and is applied to the line with the add-on code. (Add-On Code Editing)
7	Logic	4/1/2018	107	Implement new edit 107: Add-on code reported without required contractor-defined primary procedure code (LID) Edit criteria: A Type II add-on code is reported on a non-OPPS claim without any primary code from the contractor-defined list. The disposition is set to line item denial and is applied to the line with the add-on code. (Add-On Code Editing)
8	Logic	4/1/2018	108	Implement new edit 108: Add-on code reported without required primary procedure or without required contractor-defined primary procedure code (LID) Edit criteria: A Type III add-on code is reported on a non-OPPS without any of its defined primary codes, or without any of the primary codes from the contractor-defined list. The disposition is set to line item denial and is applied to the line with the add-on code. (Add-On Code Editing)
9	Logic	4/1/2018	22	Add the following new modifiers to the valid modifier list: <ul style="list-style-type: none"> - VM: Mdpv virtual make-up session - QA: Avg sta day/night o2 < 1 lpm - QB: Avg day/nite o2 > 4 lpm/port - QR: Avg sta day/night o2 > 4 lpm
10	Logic	4/1/2018	94 , 103	Update the program logic to deactivate edits 94 and 103 associated with the reporting of biosimilar HCPCS codes with manufacturer modifiers. Note: biosimilar manufacturer modifiers ZA, ZB and ZC are deleted as of 4/1/2018.
11	Documentation	4/1/2018		Update section 6.1 (Medical Visit Processing) to include additional examples of conditions for claims containing multiple medical visits. Note: no change to logic.
12	Documentation	4/1/2018		Update section 6.12 (Special Processing for Drugs and Biologicals) by removing the paragraph regarding the assignment of the HCPCS level modifier, V3 for HCPCS with SI = K.
13	Content	4/1/2018		Update the following lists for the release (see quarterly data files): <ul style="list-style-type: none"> - HCPCS modifier list - Biosimilar HCPCS list - Complexity-adjusted comprehensive APC code pairs (retroactive addition 1/1/18) - Skin substitute products (edit 87) - Device offset code pairs (Mid-Quarter effective date 8/25/2017) - Add on Type I (new code list for edit 106) - Add on Type II (new code list for edit 107) - Add on Type III (new code list for edit 108) - FQHC/RHC bypass edit 72 (new code list) - RHC CG modifier not payable list (new code list) - Services not recognized under OPPTS (edit 62) - Services reportable to DMERC (edit 61) - Services not billable to the MAC (edit 72)
14	Content	4/1/2018		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).
15	Content	4/1/2018	20 , 40	Implement version 24.1 of the NCCI (as modified for applicable outpatient institutional providers).
16	Other	4/1/2018		Create 508-compliant versions of the Specifications, Summary of Data Changes and File Layout 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.
17	Other	4/1/2018		Deliver quarterly software update and all related documentation and files to users via electronic download.