

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4256	Date: March 15, 2019
	Change Request 11192

SUBJECT: April 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.1

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, 2019

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

IMPLEMENTATION DATE: April 1, 2019

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/revise 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: 4256	Date: March 15, 2019	Change Request: 11192
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SUBJECT: April 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.1

EFFECTIVE DATE: April 1, 2019

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IMPLEMENTATION DATE: April 1, 2019

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, 2019. 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	
11192.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
11192.2	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
11192.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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

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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: 0

FINAL
Summary of Data Changes
Integrated OCE v20.1
Effective April 1, 2019

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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 04-01-19**

APC	APCDesc	StatusIndicator
09197	Injection, fremanezumab-vfrm	G
09198	Inj, coagulation factor Xa	G
09299	Factor viii pegylated-aucl	G
09303	Injection, levoleucovorin	G
09304	Injection, cemiplimab	G
09305	Moxetumomab pasudotox-tdfk	G
09306	Inj., tildrakizumab, 1 mg	G
09307	Cocaine hcl nasal solution	G

APC Status Indicator Changes

The following APC(s) had Status Indicator changes, **effective 04-01-19**

APC	Old SI	New SI
09173	K	G
09193	K	G
09195	K	G

APC Payment Offset Changes

The following APC(s) were modified that may be subject to pass-through payment offset for skin substitute products, **effective 10-01-19**

APC	Amount
05054	\$786.22
05055	\$182.57

The following APC(s) were modified that may be subject to pass-through payment offset for skin substitute products, **effective 01-01-19**

APC	Amount
05054	\$737.11
05055	\$185.54

The following APC(s) were modified that may be subject to pass-through payment offset for contrast, **effective 01-01-19**

APC	Amount
05571	\$47.13
05572	\$67.34
05573	\$96.84

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-19**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0080U	Onc lng 5 clin rsk factr alg	Q4	00000			
0081U	Onc uveal mlnma mrna 15 gene	A	00000			
0082U	Rx test def 90+ rx/sbsts ur	Q4	00000			
0083U	Onc rspse chemo cntrst tomog	Q4	00000			
G2001	Post d/c h vst new pt 20 m	B	00000	62		
G2002	Post-d/c h vst new pt 30 m	B	00000	62		
G2003	Post-d/c h vst new pt 45 m	B	00000	62		
G2004	Post-d/c h vst new pt 60 m	B	00000	62		
G2005	Post-d/c h vst new pt 75 m	B	00000	62		
G2006	Post-d/c h vst ext pt 20 m	B	00000	62		
G2007	Post-d/c h vst ext pt 30 m	B	00000	62		
G2008	Post-d/c h vst ext pt 45 m	B	00000	62		
G2009	Post-d/c h vst ext pt 60 m	B	00000	62		
G2013	Post-d/c h vst ext pt 75 m	B	00000	62		
G2014	Post-d/c care plan overs 30m	B	00000	62		
G2015	Post-d/c care plan overs 60m	B	00000	62		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-19**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9040	Injection, fremanezumab-vfrm	G	09197	55		
C9041	Inj, coagulation factor Xa	G	09198	55		
C9042	Inj., belrapzo 1 mg	E2	00000	13,55		
C9043	Injection, levoleucovorin	G	09303	55		
C9044	Injection, cemiplimab	G	09304	55		
C9045	Moxetumomab pasudotox-tdfk	G	09305	55		
C9046	Cocaine hcl nasal solution	G	09307	55		
C9141	Factor viii pegylated-aucl	G	09299	55		

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

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-19** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
81538	Oncology lung			Q4	A		

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-19** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J3245	Inj., tildrakizumab, 1 mg	00000	09306	E2	G	13	N/A
Q5108	Injection, fulphila			K	G		
Q5110	Nivestym			K	G		
Q5111	Injection, udenyca 0.5 mg			K	G		

Comprehensive APC Procedure Exclusion Changes

The following codes were added to the comprehensive APC exclusion list, **effective 01-01-19**

HCPCS
92507
92508
97161
97162
97163
97165
97166
97167

Edit Assignments

The following drug or biological code(s) were added to the list of exclusions for not requiring an OPPS payable procedure for edit 99, **effective 04-01-19**

HCPCS
C9141

Mental Health Changes

The following code(s) were removed from the mental health services that are not payable outside the partial hospitalization program, **effective 01-01-19**

HCPCS
96113
96121
96131
96133
96137
96139

Device Dependent Procedure Changes

The following code(s) were added to the device dependent procedure list (edit 92), **effective 01-01-19**

HCPCS
33285
C9752
C9754
C9755

Device Credit Procedure Changes

The following code(s) were added to the list that may be subject to device credit when the procedure is terminated early, **effective 01-01-19**

HCPCS	Amount
33285	\$5,675.25

HCPCS	Amount
C9752	\$3,321.30
C9754	\$2,997.40
C9755	\$2,997.40

Deductible/Coinsurance Procedure Code Changes

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

HCPCS
77085

Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 04-01-19**

HCPCS
Q4183
Q4184
Q4194
Q4203

Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 04-01-19**

HCPCS
Q4183
Q4184
Q4194
Q4203

FQHC PPS Procedure Changes

The following FQHC PPS non-covered procedure codes are added, **effective 01-01-19**

HCPCS
0080U
0081U
0082U
0083U

Add-On Procedure Code Changes

The following code(s) were added to the Type I Add-on Code Procedure list, **effective 10-01-18**

Addon	Primary
0071U	0070U
0072U	0070U

Addon	Primary
0073U	0070U
0074U	0070U
0075U	0070U
0076U	0070U

The following code(s) were added to the Type I Add-on Code Procedure list, **effective 01-01-19**

Addon	Primary
0513T	0512T
0514T	66982
0514T	66984
0523T	93454
0523T	93455
0523T	93456
0523T	93457
0523T	93458
0523T	93459
0523T	93460
0523T	93461
10004	10021
10006	10005
10008	10007
10010	10009
10012	10011
11103	11102
11103	11104
11103	11106
11105	11104
11105	11106
11107	11106
20932	23210
20932	23220
20932	24150
20932	25170
20932	27075
20932	27076
20932	27077
20932	27365
20932	27645
20932	27704
20933	23210
20933	23220
20933	24150
20933	25170
20933	27075
20933	27076
20933	27077
20933	27365
20933	27645
20933	27704
20934	23210

Addon	Primary
20934	23220
20934	24150
20934	25170
20934	27075
20934	27076
20934	27077
20934	27365
20934	27645
20934	27704
33866	33860
33866	33863
33866	33864
34713	34710
38900	38531
38900	38562
38900	38564
38900	38570
38900	38571
38900	38572
38900	38760
38900	38765
38900	38770
38900	38780
38900	56630
38900	56631
38900	56632
38900	56633
38900	56634
38900	56637
38900	56640
76979	76978
76983	76982
77002	27369
95984	95983
96113	96112
96121	96116
96131	96130
96133	96132
96137	96130
96137	96131
96137	96132
96137	96133
96137	96136
96139	96130
96139	96131
96139	96132
96139	96133
96139	96138
C8937	77046
C8937	77047
C8937	C8903

Addon	Primary
C8937	C8905
C8937	C8906
C8937	C8908
C9753	C9752

REVENUE CODES

Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes, **effective 04-01-19**

Revenue Code	SI
0870	B
0871	B
0872	B
0873	B
0874	B
0875	B
0891	B

2 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **April 2019 V20.1** release is 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	4/1/2019	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 7/1/2012.
2	Interface	4/1/2019		Updates to the following tables (additional details included in the tables): 3.1.1 Line Item Input Information Table <ul style="list-style-type: none"> - Add new field "Contractor bypass edit(s)" - Add new field "CB payment APC" - Add new field "CB Status Indicator" - Add new field "CB Payment Indicator" - Add new field "CB Discounting Formula number" - Add new field "CB Line Item Denial or Rejection Flag" - Add new field "CB Packaging Flag" - Add new field "Payment Adjustment Flag" - Add new field "Payment Method Flag" 3.1.2 IOCE Control Block Table Increase size (bytes) of Pointer Field "Sgptr" to 73
3	Logic	4/1/2019		Add new Claim Processed Flag of 4 to be returned if a fatal error has occurred for any contractor bypass condition. Claim Return Buffer .
4	Logic	4/1/2019		Add new Payment Method Flag Z "Contractor bypass determines payment for services", to be returned if a Contractor (MAC) has applied a bypass condition for any line item submitted on a claim. NOTE: Only a contractor (MAC) can apply bypass conditions.
5	Logic	4/1/2018	106 , 107 , 108	Update add-on code logic to return an add-on code edit if the primary procedure is not provided on the same day or day before. This change is being made retroactive to the inception of add-on code editing.
6	Logic	1/1/2017		Update current logic for conditional processing of laboratory procedures when a line item action flag of 2 or 3 is present on certain payable OPPS services (SI = Q1, Q3, S, T, V).
7	Logic	4/1/2019		Add new Value Code (QW) and value code amount to be returned on a Partial Hospitalization interim claim when the total hours of services provided on the partial week do not add up to at least 20-hours. See Partial Hospitalization and Community Mental Health Processing logic section.
8	Logic	1/1/2017		Updated the program logic for payment adjustment flag assignment to return values 9, 14, 21, 22, 23, and 24 when appropriate. There is no change to documentation as this is a program logic update only.
9	Logic	7/1/2012	6	Implement new logic to not return edit 6 when a procedure is effective on a HHA (32x) claim with dates of service that span between the annual (January) release and prior quarter. This change is retroactively effective to the earliest date of the component. See Hospice and Home Health Processing logic section.
10	Logic	4/1/2019	41	Add the following Revenue Codes to the Valid Revenue Code List: <ul style="list-style-type: none"> - 870, 871, 872, 873, 874, 875, and 891
11	Documentation	4/1/2019		Add new logic section for Contractor Defined Functions contained within the IOCE.

#	Type	Effective Date	Edits Affected	Modification
12	Content	4/1/2019		<p>Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).</p> <ul style="list-style-type: none"> - Add-on Type I (edit 106) - Device and Device-Procedure lists (edit 92) - Terminated Device Procedures (offset for device credit) - Pass-through skin substitute product for offset APC (edit 99) - Pass-through contrast for offset APC (edit 99) - Edit 99 Exclusions list - Skin Substitute Hi and Low-Cost lists (edit 87) - Service not paid by Medicare (edit 13) - Not recognized by OPSS (edit 62) - Deductible Coinsurance N/A list - Comprehensive APC Exclusions list - FQHC non-covered list - All PHP services list - PH Addon list - PHnotMH list (edit 81) - Valid Revenue Code list (edit 41)
13	Content	4/1/2019	20 , 40	Implement version 25.1 of the NCCI (as modified for applicable outpatient institutional providers).
14	Other	4/1/2019		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.
15	Other	4/1/2019		Deliver quarterly software update and all related documentation and files to users via electronic download.