

<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 4327</b>	<b>Date: June 28, 2019</b>
	<b>Change Request 11298</b>

**Transmittal 4314, dated May 24, 2019, is being rescinded and replaced by Transmittal 4327 dated, June 28, 2019 to update the attachments related to the change request. All other information remains the same.**

**SUBJECT: July 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.2**

**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: July 1, 2019**

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

**IMPLEMENTATION DATE: July 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/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	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: 4327</b>	<b>Date: June 28, 2019</b>	<b>Change Request: 11298</b>
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## 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 July 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	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11298.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X					
11298.2	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
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
11298.3	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**

**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: 0**

**FINAL**  
**Summary of Data Changes**  
**Integrated OCE v20.2**  
**Effective July 1, 2019**

## 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 07-01-19**

APC	APCDesc	StatusIndicator
09199	Injection, caplacizumab-yhdp	G
09308	Dexamethasone ophth insert	G
09309	Injection, tagraxofusp-erzs	G
09310	Injection, emapalumab-lzsg	G
09311	Injection, omadacycline	G
09312	Injection, ravulizumab-cwv	G
09313	Inj., belrapzo, 1 mg	G
09314	Inj. herceptin hylecta, 10mg	K

### APC Description Changes

The following APC(s) had description changes, **effective 07-01-19**

APC	Old Description	New Description
00809	Bcg live intravesical vac	Bcg live intravesical 1mg
09299	Factor viii pegylated-aucl	Inj. jivi 1 iu
09304	Injection, cemiplimab	Injection, cemiplimab-rwlc

## HCPCS/CPT PROCEDURE CODE CHANGES

### Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-19**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0084U	Rbc dna gnotyp 10 bld groups	A	00000			
0085U	Cdtb&vinculin igg antb ia	Q4	00000			
0086U	Nfct ds bact&fng org id 6+	A	00000			
0087U	Crđ hrt trnspl mrna 1283 gen	A	00000			
0088U	Trnsplj kdn algrft rej 1494	A	00000			
0089U	Onc mlnma prame & linc00518	Q4	00000			
0090U	Onc cutan mlnma mrna 23 gene	A	00000			
0091U	Onc clrct scr whl bld alg	E1	00000	9		
0092U	Onc lng 3 prtn bmrk plsm alg	Q4	00000			
0093U	Rx mntr 65 com drugs urine	Q4	00000			
0094U	Genome rapid sequence alys	A	00000			

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0095U	Inflm ee elisa alysg	Q4	00000			
0096U	Hpv hi risk types male urine	Q4	00000			
0097U	Gi pathogen 22 targets	Q4	00000			
0098U	Respir pathogen 14 targets	Q4	00000			
0099U	Respir pathogen 20 targets	Q4	00000			
0100U	Respir pathogen 21 targets	Q4	00000			
0101U	Hered colon ca do 15 genes	A	00000			
0102U	Hered brst ca rlt do 17 gen	A	00000			
0103U	Hered ova ca pnl 24 genes	A	00000			
0104U	Hered pan ca pnl 32 genes	A	00000			
0543T	Ta mv rpr w/artif chord tend	C	00000			
0544T	Tcat mv annulus rcnstj	C	00000			
0545T	Tcat tv annulus rcnstj	C	00000			
0546T	Rf spectrsc ntraop mrgn asmt	N	00000			
0547T	B1 matrl qual tst mcrind tib	E1	00000	9		
0548T	Tprnl balo cntnc dev bi	J1	05377			
0549T	Tprnl balo cntnc dev uni	J1	05375			
0550T	Tprnl balo cntnc dev rmlv ea	J1	05374			
0551T	Tprnl balo cntnc dev adjmt	T	05371			
0552T	Low-level laser therapy	M	00000	72		
0553T	Perq tcat iliac anast implt	E1	00000	9		
0554T	B1 str & fx rsk analysis	M	00000	72		
0555T	B1 str&fx rsk transmis data	S	05731			
0556T	B1 str & fx rsk assessment	S	05523			
0557T	B1 str & fx rsk i&r	M	00000	72		
0558T	Ct scan f/biomchn ct alysg	S	05521			
0559T	Antmc mdl 3d print 1st cmpnt	S	05733			
0560T	Antmc mdl 3d print ea addl	N	00000			
0561T	Antmc guide 3d print 1st gd	S	05733			
0562T	Antmc guide 3d print ea addl	N	00000			
90619	Menacwy-tt vaccine im	E1	00000	9		
C9047	Injection, caplacizumab-yhdp	G	09199	55		
C9048	Dexamethasone ophth insert	G	09308	55		
C9049	Injection, tagraxofusp-erzs	G	09309	55		
C9050	Injection, emapalumab-lzsg	G	09310	55		
C9051	Injection, omadacycline	G	09311	55		
C9052	Injection, ravulizumab-cwv	G	09312	55		
C9756	Fluorescence lymph map w/ICG	N	00000	55		
J1444	Fe pyro cit pow 0.1 mg iron	N	00000			
J7208	Inj. jivi 1 iu	G	09299			
J7677	Revefenacin inh non-com 1mcg	M	00000	72		
J9030	Bcg live intravesical 1mg	K	00809			
J9036	Inj., belrapzo, 1 mg	G	09313			
J9356	Inj. herceptin hylecta, 10mg	K	09314			
Q5112	Inj ontruzant 10 mg	E2	00000	13		
Q5113	Inj herzuma 10 mg	E2	00000	13		
Q5114	Inj ogivri 10 mg	E2	00000	13		
Q5115	Inj rituximab-abbs bio 10 mg	E2	00000	13		



## Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were removed from the IOCE, **effective 07-01-19**

HCPCS	CodeDesc
0057U	Onc sld org neo mrna 51 gene
C9042	Inj., belrapzo 1 mg
C9141	Factor viii pegylated-aucl
C9746	Trans imp balloon cont
J9031	Bcg live intravesical vac

## HCPCS Description Changes

The following code descriptions were changed, **effective 07-01-19**

HCPCS	Old Description	New Description
C9044	Injection, cemiplimab	Injection, cemiplimab-rwlc
J9355	Trastuzumab injection	Inj trastuzumab excl biosimi

## 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
0537T	Bld drv t lymphcyt car-t cll					62	111
0538T	Bld drv t lymphcyt prep trns					62	111
0539T	Receipt&prep car-t cll admn					62	111
90689	Vacc iiv4 no prsrv 0.25ml im			E1	L	9	N/A
A4563	Vag inser rectal control sys			N	A		

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-19** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
0541T	Myocardial imaging mcg	00000	05722	E1	S	9	N/A
0542T	Myocardial imaging mcg i&r			E1	M	9	72

## Edit Assignments

The following code(s) were added to the conditional bilateral list, **effective 01-01-19**

HCPCS
27369
28740

The following drug or biological code(s) were added to the list of exclusions for not requiring an OPSS payable procedure for edit 99, **effective 07-01-18**

HCPCS
Q9995

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

HCPCS
J7170

### **Device Code Procedure Changes**

The following code(s) were added to the device code list (edit 92), **effective 07-01-19**

HCPCS
A4648

### **Device Dependent Procedure Changes**

The following code(s) were added to the device dependent procedure list (edit 92), **effective 07-01-19**

HCPCS
0548T
0549T

### **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 07-01-19**

HCPCS	Amount
0548T	\$5,059.06
0549T	\$5,059.06

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

HCPCS	Amount
0387T	\$9,570.58
33282	\$5,660.92
46762	\$3,179.85
C9741	\$30,227.11

The following code(s) were removed from the list that may be subject to device credit when the procedure is terminated early, **effective 07-01-19**

HCPCS	Amount
C9746	\$5,059.06

### **Skin Substitute High Cost Product Procedure Changes**

The following code(s) were added to the skin substitute high cost product list, **effective 07-01-19**

HCPCS
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Q4176
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### **Skin Substitute Low Cost Product Procedure Changes**

The following code(s) were removed from the skin substitute low cost product list, **effective 07-01-19**

HCPCS
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Q4176
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### **FQHC PPS Procedure Changes**

The following influenza and PPV vaccine procedure codes are added for FQHC PPS, **effective 01-01-19**

HCPCS
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90689
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The following FQHC PPS non-covered procedure codes are added, **effective 07-01-19**

HCPCS
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0084U
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0085U
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0086U
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0087U
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0088U
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0089U
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0090U
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0091U
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0092U
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0093U
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0094U
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0095U
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0096U
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0097U
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0098U
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0099U
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0100U
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0101U
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0102U
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0103U
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0104U
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## Add-On Procedure Code Changes

The following code(s) were added to the Type I Add-on Code Procedure list, **effective 07-01-19**

Addon	Primary
C9756	58260
C9756	58262
C9756	58263
C9756	58267
C9756	58270
C9756	58275
C9756	58280
C9756	58285
C9756	58290
C9756	58291
C9756	58292
C9756	58293
C9756	58294
C9756	58550
C9756	58552
C9756	58553
C9756	58554
C9756	58570
C9756	58571
C9756	58572
C9756	58573

The following code(s) were added to the Type II Add-on Code Procedure list, **effective 04-01-19**

HCPCS
93561
93562

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

Addon	Primary
96131	96130
96133	96132
96137	96130
96137	96131
96137	96132
96137	96133
96137	96136
96139	96130
96139	96131
96139	96132
96139	96133
96139	96138

## REVENUE CODES

### Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes, **effective 01-01-18**

RevenueCode	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 **July 2019 V20.2** 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.

Item #	Type	Effective Date	Edits Affected	Modification
1	Logic	7/1/2019	<a href="#">24</a>	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 10/1/2012.
2	Logic	<b>10/1/2012</b>	<a href="#">6</a>	Implement logic to return edit 6 if an invalid procedure code is submitted on a 770-bill type.
3	Logic	<b>10/1/2012</b>	<a href="#">48, 9</a>	Update the valid revenue table and apply conditions for revenue code 760 to bypass edit 48 and instead apply edit 9, if a blank HCPCS is submitted using this revenue code.
4	Logic	<b>1/1/2018</b>	<a href="#">41</a>	Update the effective date for the following revenue codes: 870, 871, 872, 873, 874, 875, and 891
5	Logic	<b>1/1/2018</b>	<a href="#">111</a>	Implement new edit 111: Service cost is duplicative; included in cost of associated biological. (LIR) Edit Criteria: A claim is submitted with a procedure (HCPCS) identified as being bundled into the cost of a biological or a blank HCPCS is submitted with revenue code 870, 871, 872, or 873 (Cell/Gene Therapy). See <a href="#">Special Processing of Drugs and Biologicals</a> logic section.
6	Logic	<b>1/1/2019</b>		Implement logic to allow certain wound care services identified as being "sometimes therapy" to be excluded from <a href="#">comprehensive APC</a> packaging if the conditions are present for changing the SI to A. See logic sections " <a href="#">Sometimes Therapy Processing for Wound Care Services</a> " and <a href="#">Comprehensive APC Assignment Criteria</a> for more information.
7	Logic	7/1/2019		<i>Add new Input Payer Value Code:</i> <a href="#">QA</a> : Offset for combining partial PHP week on interim PHP claim (passed to the IOCE) <i>Add new Payer Condition Code:</i> <a href="#">MV</a> : Second portion of combined PHP week is not 20 hours (Calculated by the IOCE) <a href="#">MW</a> : First portion of combined PHP week is not 20 hours (passed as input to the IOCE)
8	Logic	7/1/2019		Update effective date of Value Code and Value Code Amount QW 000000000 to return if an interim Partial Hospitalization Program claim has a partial week present. (July 1, 2019)
9	Logic	7/1/2019		Implement logic to accept Payer Value Code and Value Code Amount QA 000000000 on input to identify that the previous Partial Hospitalization Program (PHP) claim had a partial last week that needs to be combined into the first week of the processing claim to calculate one full week of services (7 days). The Value Code Amount represents the amount of days and hours of PHP services that were on the previous claims partial last week. See <a href="#">Partial Hospitalization Logic</a> section for more information.
10	Logic	7/1/2019	<a href="#">95</a>	Implement logic to return Payer Condition Code MV if the combined partial weeks (first and second portion equal 7 days) is not 20 hours. Note: MV is returned on the second interim claim based on the input of Payer Value Code and Value Code Amount QA 000000000. Additionally, line items submitted on the second portion of the combined PHP week return edit 95 if the combined week is not 20 hours. See <a href="#">Partial Hospitalization Logic</a> section for more information.
11	Logic	7/1/2019	<a href="#">95</a>	Implement logic to accept Condition Code MW on input, indicating that after combining the partial weeks together, 20 hours of services are not provided, and the first portion of the combined week needs editing. All line items associated with the partial last week on the initial claim return edit 95. See <a href="#">Partial Hospitalization Logic</a> section for more information.

Item #	Type	Effective Date	Edits Affected	Modification
12	Logic	7/1/2019		Update logic to return Payer Condition Code MQ if an admission to discharge claim (761 or 131 CC 41) or an interim to discharge claim (764 or 134 CC 41) is submitted and the last 7- day week on the claim is not 20 hours. See <a href="#">Partial Hospitalization Logic</a> section for more information.
13	Documentation	7/1/2019		Update description of Claim Processed Flag value of 4 4 - Fatal error; claim could not be processed as input values are not valid or are incorrectly formatted; exit immediately.
14	Content	7/1/2019		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files). <ul style="list-style-type: none"> <li>- Add-on Type I (<a href="#">edit 106</a>)</li> <li>- Add-on Type II (<a href="#">edit 107</a>)</li> <li>- Comprehensive APC rank and list update</li> <li>- Device and Device Procedure lists (<a href="#">edit 92</a>)</li> <li>- Terminated Device Procedure for offset APC</li> <li>- Edit 99 Exclusions list</li> <li>- FQHC Flu PPV list</li> <li>- FQHC Non-Covered list</li> <li>- Skin Substitute Hi and Low-Cost lists (<a href="#">edit 87</a>)</li> <li>- Not recognized by OPPS (<a href="#">edit 62</a>)</li> <li>- Valid Revenue Code list (<a href="#">edit 41</a>)</li> </ul>
15	Content	7/1/2019	<a href="#">20</a> , <a href="#">40</a>	Implement version 25.2 of the NCCI (as modified for applicable outpatient institutional providers).
16	Other	7/1/2019		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.
17	Other	7/1/2019		Deliver quarterly software update and all related documentation and files to users via electronic download.