

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1927	Date: March 5, 2010
	Change Request 6882

SUBJECT: April 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.1

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, and for 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. This Recurring Update Notification applies to Chapter 4, Section 40.1.

EFFECTIVE DATE: April 1, 2010

IMPLEMENTATION DATE: April 5, 2010

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1927	Date: March 5, 2010	Change Request: 6882
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SUBJECT: April 2010 Integrated Outpatient Code Editor (I/OCE) Specifications Version 11.1

Effective Date: April 1, 2010

Implementation Date: April 5, 2010

I. GENERAL INFORMATION

A. Background: This instruction informs the Fiscal Intermediaries (FIs), A/B MACs, and the Fiscal Intermediary Standard System (FISS) that the I/OCE was updated for April 1, 2010. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE which eliminates the need to update, install, and maintain two separate OCE software packages on a quarterly basis. Claims with dates of service prior to July 1, 2007, should be routed through the non-integrated versions of the OCE software (OPPS and non-OPPS OCEs) that coincide with the versions in effect for the date of service on the claim. **The integration did not change the logic that is applied to outpatient bill types that previously passed through the OPPS OCE software. It merely expanded the software usage to include non-OPPS hospitals.**

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.hhs.gov/OutpatientCodeEdit/>.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M B M A C	F I M A C	C A R E R	R H I I S S	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6882.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X					
6882.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at http://www.cms.hhs.gov/OutpatientCodeEdit/ NOTE: The I/OCE specifications will no longer be included with the quarterly Change Requests and can be found at the link provided above.	X		X		X	X				

Post-Implementation Contact(s):

Regional Office(s) or the CMS Outpatient Code Editor Email at OCE_Integration@cms.hhs.gov

VI. FUNDING

A. *For Fiscal Intermediaries and Carriers:*

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. *For Medicare Administrative Contractors (MAC):*

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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: Summary of Data Changes

Appendix M – Summary of Modifications

Preliminary
Summary of Data Changes
Integrated OCE v 11.1
Effective April 1, 2010

Table of Contents

CPT codes, descriptions, and material only are Copyright 2009 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.

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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 04-01-10**

APC	APCDesc	StatusIndicator
09258	Telavancin injection	G
09259	Pralatrexate injection	G
09260	Ofatumumab injection	G
09261	Ustekinumab injection	G
09262	Fludarabine phosphate, oral	G
09263	Ecallantide injection	G

APC Description Changes

The following APC(s) had description changes, **effective 04-01-10**

APC	Old Description	New Description
00902	Injection, onabotulinumtoxinA	Injection, onabotulinumtoxinA
01289	AbobotulinumtoxintypeA	AbobotulinumtoxinA

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 10-01-09**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G0432	EIA HIV-1/HIV-2 screen	A	00000		20091208	
G0433	ELISA HIV-1/HIV-2 screen	A	00000		20091208	
G0435	Oral HIV-1/HIV-2 screen	A	00000		20091208	
G9147	Outpt IV insulin tx any mea	E	00000	9		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-10**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9258	Telavancin injection	G	09258	55		
C9259	Pralatrexate injection	G	09259	55		
C9260	Ofatumumab injection	G	09260	55		
C9261	Ustekinumab injection	G	09261	55		
C9262	Fludarabine phosphate, oral	G	09262	55		
C9263	Ecallantide injection	G	09263	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 07-01-09** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
G9143	Warfarin respon genetic test			M	A	72	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-10** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
80101	Drug screen, single			A	E	N/A	28
99241	Office consultation					9	28
99242	Office consultation					9	28
99243	Office consultation					9	28
99244	Office consultation					9	28
99245	Office consultation					9	28
99251	Inpatient consultation					9	28
99252	Inpatient consultation					9	28
99253	Inpatient consultation					9	28
99254	Inpatient consultation					9	28
99255	Inpatient consultation					9	28

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 10-01-09**

HCPCS	Edit#	ActivDate	TermDate
G0432	68	20091208	0
G0433	68	20091208	0
G0435	68	20091208	0

The following code(s) were added to the conditional bilateral list, **effective 01-01-10**

HCPCS
20550
50543
50548

Procedure/ Device Pair Changes

The following procedure/device code pair requirements were removed, **effective 01-01-10**

Proc	Device1
37215	C1874
37215	C1875
37215	C1876
37215	C1877

Proc	Device1
37215	C2617
37215	C2625

MODIFIERS

Added Modifiers

The following modifier(s) were added to the list of valid modifiers, **effective 04-01-10**

modif	ACTIVATIONDATE
GX	0

REVENUE CODES

Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes, **effective 04-01-10**

RevenueCode	SI
0860	N
0861	N

Appendix M

Summary of Modifications

The modifications of the IOCE for the April 2010 release (V11.1) 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 also be retroactively added to prior releases. If so, the retroactive date will appear in the 'Effective Date' column.

#	Type	Effective Date	Edits Affected	Modification
1.	Logic	4/1/10	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. (The earliest version date included in this April 2010 release will be 7/1/03).
2.	Logic	4/1/10	3, 8	Bypass sex conflict edits (#3 = diagnosis/sex; #8 = procedure/sex) if condition code 45 is present on the claim.
3.	Logic	4/1/10	41	Add new revenue codes 860 and 861 to the list of valid revenue codes.
4.	Logic	12/8/09	68	Add new codes G0432, G0433 and G0435; apply mid-quarter NCD approval date.
5	Logic	4/1/10	-	Modify appendices E & F to change the TOB used by FQHC , from 73X to 77X.
6	Tech	4/1/10	-	Increase the working storage area for the MF, from 1MB to 1.25MB (see table 1).
7.	Content	4/1/10	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
8.	Content	4/1/10	19, 20, 39, 40	Implement version 16.0 of the NCCI (as modified for applicable institutional providers).
9.	Content	1/1/10	71	Update procedure/device edit requirements.
10.	Content	4/1/10	22	Add new modifier 'GX' to the valid modifier list.
11.	Doc	4/1/10	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.