CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2423	Date: March 9, 2012
	Change Request 7751

SUBJECT: April 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.1

I. SUMMARY OF CHANGES: 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, 2012. 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.

EFFECTIVE DATE: April 1, 2012
IMPLEMENTATION DATE: April 2, 2012

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 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: 2423	Date: March 9, 2012	Change Request: 7751

SUBJECT: April 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.1

Effective Date: April 1, 2012

Implementation Date: April 2, 2012

I.   GENERAL INFORMATION

A.   Background: This instruction informs the Fiscal Intermediaries (FIs), A/B MACs, RHHIs and the Fiscal Intermediary Shared System (FISS) that the I/OCE was updated for April 1, 2012. 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.

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

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	Other
		Responsibility					Shared-System Maintainers				
7751.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.						X				
7751.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at http://www.cms.gov/OutpatientCodeEdit/	X		X		X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
7751.3	A provider education article related to this instruction will be available at http://www.cms.gov/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 site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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		X					

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

B. All other recommendations and supporting information: CR 5344, Transmittal 1107: Notification of an Integrated Outpatient Code Editor (OCE) for the July 2007 Release

V. CONTACTS

Pre-Implementation Contact(s):
Yvonne Young at yvonne.young@cms.hhs.gov or Anita Antkowiak at Anita.Antkowiak2@cms.hhs.gov

For Policy related questions contact Marina Kushnirova at marina.kushnirova@cms.hhs.gov

Post-Implementation Contact(s):
Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

A. *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.

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

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

Summary of Data Changes

Integrated OCE v 13.1

Effective April 1, 2012

Table of Contents

CPT codes, descriptions, and material only are Copyright 2011 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.

DIAGNOSIS CODE CHANGES

Diagnosis Edit Changes

The following code(s) were added to the list of mental health diagnoses, **effective 07-01-05**

Diagnosis
29189
29384

The following code(s) were added to the list of mental health diagnoses, **effective 10-01-05**

Diagnosis
32702
32715
32742
32743

APC CHANGES

Added APCs

The following APC(s) were added to the IOCE, **effective 04-01-12**

APC	APCDesc	StatusIndicator
09288	Inj, centruroides (scorpion)	G
09289	Inj, erwinia chrysanthemi	G
09290	Inj, bupivicaine liposome	G
09291	Injection, aflibercept	G

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-11**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0550F	Cytopath report nongyn spcmn	E	00000	28		
0551F	Cytopath report non routine	E	00000	28		
1127F	New episode for condition	E	00000	28		
1128F	Subs. episode for condition	E	00000	28		
3125F	Esoph bx rprt w/dyspl info	M	00000	72		
3267F	Path rprt w/ pt pn cat et al	M	00000	72		
3394F	Quant her2 ihc eval brst cx	M	00000	72		
3395F	Quant nonher2 ihc brst cx	M	00000	72		
6100F	Verify pt site pxd docd	E	00000	28		
G9148	Medical Home Level I	A	00000			
G9149	Medical Home Level II	A	00000			
G9150	Medical Home Level III	A	00000			
G9151	MAPCP demo State	A	00000			
G9152	MAPCP demo community	A	00000			
G9153	MAPCP demo physician	A	00000			

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-12**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
G8675	BP Syst >= 140 mmHg	M	00000	72		
G8676	BP Diast >= 90 mmHg	M	00000	72		
G8677	BP Syst < 130 mmHg	M	00000	72		
G8678	BP Syst >=130 - 139 mmHg	M	00000	72		
G8679	BP Diast < 80 mmHg	M	00000	72		
G8680	BP Diast 80-89 mmHg	M	00000	72		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-12**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9288	Inj, centruroides (scorpion)	G	09288	55		
C9289	Inj, erwinia chrysanthemi	G	09289	55		
C9290	Inj, bupivicaine liposome	G	09290	55		
C9291	Injection, aflibercept	G	09291	55		
C9733	Non-ophthalmic FVA	Q2	00397	55		
S0353	Cancer treatment plan initia	E	00000	28		
S0354	Cancer treatment plan change	E	00000	28		
S0596	Phakic iol refractive error	E	00000	28		
S3721	Pca3 testing	E	00000	28		
S8930	Auricular electrostimulation	E	00000	28		

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 04-01-12**

HCPCS	CodeDesc
S3711	Circulating tumor cell test
S3713	KRAS mutation analysis
S3818	BRCA1 gene anal
S3819	BRCA2 gene anal
S3820	Comp BRCA1/BRCA2
S3822	Sing mutation brst/ovar
S3823	3 mutation brst/ovar
S3828	Comp MLH1 gene
S3829	Comp MSH2 gene
S3830	Gene test HNPCC comp
S3831	Gene test HNPCC single

HCPCS	CodeDesc
S3835	Gene test cystic fibrosis
S3837	Gene test hemochromato
S3843	DNA analysis factor v
S3847	Gene test Tay-Sachs
S3848	Gene test Gaucher
S3851	Gene test canavan
S3860	Genet test cardiac ion-comp
S3862	Genet test cardiac ion-spec
S8049	Intraoperative radiation the

HCPCS Description Changes

The following code descriptions were changed, **effective 04-01-12**

HCPCS	Old Description	New Description
A9584	Iodine I-123 ioflupane	Iodine i-123 ioflupane
G0912	No assess activity symptoms	No Assess activity symptoms
G8553	Rx certified EHR	Prescrip transmit via ERx sy

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

The following code(s) had an APC and/or SI and/or edit change, **effective 01-01-12** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
4050F	Ht care plan doc			E	M	9	72
G0451	Devlopment test interpt&rep			S	Q3		

Edit Assignments

The following code(s) were added to the conditional bilateral list, **effective 01-01-12**

HCPCS
64613
64614

The following code(s) were removed from the conditional bilateral list, **effective 01-01-12**

HCPCS
36000

The following code(s) were removed from the inherently bilateral list, **effective 01-01-12**

HCPCS
64613
64614

Procedure/ Device Pair Changes

The following procedure/device code pair requirements were removed, **effective 01-01-12**

Proc	Device1
33249	C1882

Skin Substitute Product Changes

The following code(s) were added to the skin substitute product list, **effective 04-01-12**

HCPCS
C9358
C9360
C9363
C9366
C9367
Q4100
Q4101
Q4102
Q4103
Q4104
Q4105
Q4106
Q4107
Q4108
Q4110
Q4111
Q4112
Q4113
Q4114
Q4115
Q4116
Q4118
Q4119
Q4121
Q4122
Q4124
Q4130

Skin Substitute Procedure Changes

The following code(s) were added to the skin substitute procedure list, **effective 04-01-12**

HCPCS
15271
15272
15273
15274
15275

HCPCS
15276
15277
15278

MODIFIERS

Deleted Modifiers

The following modifier(s) were deleted from the list of valid modifiers, **effective 04-01-12**

modif	ACTIVATIONDATE
V8	0
V9	0

Appendix M

Summary of Modifications

The modifications of the IOCE for the April 2012 release (V13.1) 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	4/1/12	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 2012 release will be 07/1/05.
2.	Logic	4/1/12	-	Implement logic to package a specified list of skin substitute codes when not submitted with the associated application procedure code: Criteria - For the specified skin substitutes, change the standard SI/APC to N/APC=0 if one of the required skin substitute application procedures is not present on the same date of service. (See skin substitute list in appendix N).
3.	Content	4/1/12	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
4.	Content	4/1/12	19, 20, 39, 40	Implement version **18.1** of the NCCI (as modified for applicable institutional providers). [Effective date of NCCI = IOCE version date].
5..	Content	**1/1/12**	71	Update procedure/device edit requirements (Remove C1882 as a required device for procedure 33249).
6.	Content	4/1/12	22	Delete modifiers V8 & V9 from the list of valid modifiers.
7.	Content	**7/1/05**	29	Add diagnosis codes 29189 & 29384 to the list of MH diagnosis codes used for PHP.
8.	Content	**10/1/05**	29	Add diagnosis codes 32702, 32715, 32742 & 32743 to the list of MH diagnosis codes used for PHP.
9.	Doc	4/1/12	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.