

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2540	Date: August 31, 2012
	Change Request 8035

Note: Transmittal 2540 is being re-communicated to remove erroneous Sensitive/Controversial designation. All other information remains the same.

SUBJECT: October 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.3

I. SUMMARY OF CHANGES: This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPPTS and Non-OPPTS for hospital outpatient departments, community mental health centers, all non-OPPTS 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.

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 1, 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):

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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.	Transmittal:	Date: September 28, 2012	Change Request: 8035
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Note: Transmittal 2540 is being re-communicated to remove erroneous Sensitive/Controversial designation. All other information remains the same.

SUBJECT: October 2012 Integrated Outpatient Code Editor (I/OCE) Specifications Version 13.3

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 1, 2012

I. GENERAL INFORMATION

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

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIERS	RHI	Shared-System Maintainers				Other
		PART A	PART B					FISS	MCSS	VMS	CWF	
8035.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.							X				
8035.2	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		D M E	F I	C A R R I E R	R H H I	Other
		P a r t A	P a r t B	M A C				
8035.3	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.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 sites 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 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	X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section 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, Yvonne.Young@cms.hhs.gov , Anita Antkowiak, Anita.Antkowiak2@cms.hhs.gov , Marina Kushnirova, Marina.Kushnirova@cms.hhs.gov (For Policy Related Questions)

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

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment (2)

Appendix M

Summary of Modifications

The modifications of the IOCE for the October 2012 release (V13.3) 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	10/1/12	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 October 2012 release will be 1/1/06.)
2.	Logic	6/27/12	68	Apply mid-quarter NCD approval date to code 43775 (SI =E changed to SI =C).
3.	Content	10/1/12	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
4.	Content	10/1/12	20, 40	Implement version 18.3 of the NCCI (as modified for applicable institutional providers). [All edits combined in a single file, in code1/code2 format; mutually exclusive pairs no longer differentiated].
5.	Content	1/1/12	71	Update procedure/device edit requirements (remove proc-device requirement for code 57288).
6.	Content	1/1/06	2	Remove ICD-9-CM diagnosis code 7511 from the pediatric only (0-17 yrs) age limitation.
7.	Doc	10/1/12	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.
8.	Other	10/1/12	-	Deliver quarterly software update & all related documentation and files to users via electronic means.

FINAL
Summary of Data Changes
Integrated OCE v 13.3
Effective October 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.

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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.

DIAGNOSIS CODE CHANGES

Diagnosis Edit Changes

The following code(s) were removed from the list of pediatric diagnoses, age 0-17 years old, **effective 01-01-06**

Diagnosis
7511

APC CHANGES

Added APCs

The following APC(s) were added to the IOCE, **effective 10-01-12**

APC	APCDesc	StatusIndicator
09292	Injection, pertuzumab	G
09293	Injection, glucarpidase	G

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 10-01-12**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9292	Injection, pertuzumab	G	09292	55		
C9293	Injection, glucarpidase	G	09293	55		
G9157	Transesophageal Doppler mon	M	00000	72		

HCPCS Description Changes

The following code descriptions were changed, **effective 10-01-12**

HCPCS	Old Description	New Description
G8908	Pt doc w burn prior to D/C	Pt doc w burn prior to D/C
G8909	Pt doc no burn prior to D/C	Pt doc no burn prior to D/C
G8912	Pt doc with wrong event	Pt doc with wrong event
G8918	Pt w/o preop order IV AB pro	Pt w/o preop order IV AB pr

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

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-12** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
43775	Lap sleeve gastrectomy			E	C	28	N/A

HCPCS Approval and/or Termination Date Changes

The following code(s) had approval and /or termination date changes

HCPCS	Old ApprovalDt	New ApprovalDt	Old TerminationDt	New TerminationDt
43775	0	20120627		

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 04-01-12**

HCPCS	Edit#	ActivDate	TermDate
43775	68	20120627	

The following code(s) were added to the conditional bilateral list, **effective 07-01-12**

HCPCS
0308T
15777

Procedure/ Device Pair Changes

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

Proc	Device1
57288	C1762
57288	C1763
57288	C1771
57288	C1781
57288	C2631