CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2957	**Date: May 16, 2014**
	Change Request 8764

SUBJECT: July 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.2

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, 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 100-04, Chapter 4, section 40.1.

EFFECTIVE DATE: July 1, 2014
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 7, 2014

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 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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2957	Date: May 16, 2014	Change Request: 8764

SUBJECT: July 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.2

EFFECTIVE DATE: July 1, 2014
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 7, 2014

I.   GENERAL INFORMATION

A.   Background: This instruction informs the A/B MACs, the HHH MACs and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for July 1, 2014. 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. The attached Recurring Update Notification applies to 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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8764.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
8764.2	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			DME MAC	CEDI
		A	B	HHH		
8764.3	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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		

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: 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

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: 2

FINAL

Summary of Data Changes

Integrated OCE v 15.2

Effective July 1, 2014

Table of Contents

CPT codes, descriptions, and material only are Copyright 2013 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.

APC CHANGES

Added APCs

The following APC(s) were added to the IOCE, **effective 07-01-14**

APC	APCDesc	StatusIndicator
01480	Injection, elosulfase alfa	G
01481	Factor XIII A-subunit recomb	G
02644	Brachytx cesium-131 chloride	U

APC Description Changes

The following APC(s) had description changes, **effective 07-01-14**

APC	Old Description	New Description
09441	Inj, ferric carboxymaltose	Inj Ferric Carboxymaltos 1mg

APC Status Indicator Changes

The following APC(s) had Status Indicator changes, **effective 07-01-14**

APC	Old SI	New SI
01477	K	G

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-14**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0347T	Ins bone device for rsa	Q2	00420			
0348T	RSA spine exam	X	00261			
0349T	RSA upper extr exam	X	00261			
0350T	RSA lower extr exam	X	00261			
0351T	Intraop oct brst/node spec	N	00000			
0352T	Oct brst/node i&r per spec	B	00000	62		
0353T	Intraop oct breast cavity	N	00000			
0354T	Oct breast surg cavity i&r	B	00000	62		
0355T	GI tract capsule endoscopy	T	00142			
0356T	Insrt drug device for iop	S	00698			
0358T	BIA whole body	Q1	00340			
0359T	Behavioral id assessment	V	00632			
0360T	Observ behav assessment	V	00632			
0361T	Observ behav assess addl	N	00000			
0362T	Expose behav assessment	V	00632			
0363T	Expose behav assess addl	N	00000			
0364T	Behavior treatment	S	00322			
0365T	Behavior treatment addl	N	00000			
0366T	Group behavior treatment	S	00325			

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0367T	Group behav treatment addl	N	00000			
0368T	Behavior treatment modified	S	00322			
0369T	Behav treatment modify addl	N	00000			
0370T	Fam behav treatment guidance	S	00324			
0371T	Mult fam behav treat guide	S	00324			
0372T	Social skills training group	S	00325			
0373T	Exposure behavior treatment	S	00323			
0374T	Expose behav treatment addl	N	00000			
C2644	Brachytx cesium-131 chloride	U	02644	55		
C9022	Injection, elosulfase alfa	G	01480	55		
C9134	Factor XIII A-subunit recomb	G	01481	55		
Q9970	Inj Ferric Carboxymaltos 1mg	G	09441			
Q9974	Morphine epidural/intratheca	N	00000			
S0144	Propofol, 10mg	E	00000	9		
S1034	Art pancreas system	E	00000	9		
S1035	Art pancreas inv disp sensor	E	00000	9		
S1036	Art pancreas ext transmitter.	E	00000	9		
S1037	Art pancreas ext receiver	E	00000	9		

Deleted HCPCS/CPT Procedure Codes

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-14**

HCPCS	CodeDesc
C9441	Inj, ferric carboxymaltose

HCPCS Description Changes

The following code descriptions were changed, **effective 04-01-14**

HCPCS	Old Description	New Description
43752	Nasal/orogastric /tube plmt	Nasal/orogastric w/tube plmt
G0416	Biopsy 10-20	Biopsy prostate 10-20

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

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-14** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
Q2052	Ivig demo, services/supplies			N	E	N/A	9

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-14** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J1446	Inj, tbo-filgrastim, 5 mcg			K	G		
J2271	Morphine so4 injection 100mg			N	E	N/A	9
J2275	Morphine sulfate injection			N	E	N/A	28

MODIFIERS

Added Modifiers

The following modifier(s) were added to the list of valid modifiers, **effective 01-01-14**

modif	ACTIVATIONDATE
L1	0

The following modifier(s) were added to the list of valid modifiers, **effective 07-01-14**

modif	ACTIVATIONDATE
SZ	0

Appendix M
Summary of Modifications

The modifications of the IOCE for the July 2014 release (V15.2) 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	7/1/2014	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 July 2014 release is 10/1/2007).
2.	Logic	**10/1/2014**	86	Modify the effective begin date for edit 86 from 10/1/2013 to 10/1/2014, to be applied for claims with hospice bill types, 81X and 82X.
3.	Logic	**1/1/2014**	-	Modify the logic for packaged laboratory services. If packaged laboratory services are submitted on a 13X bill type with modifier L1, change the SI from N to A.
4.	Content	7/1/2014	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
5.	Content	7/1/2014	20, 40	Implement version **20.2** of the NCCI (as modified for applicable institutional providers).
6.	Content	**1/1/2014**	22	Add new modifier L1 (Separately payable lab test) to the valid modifier list.
7.	Content	7/1/2014	22	Add new modifier SZ (Habilitative services) to the valid modifier list.
8.	Doc	**1/1/2014**	-	Updated documentation in Appendix F(a) and Appendix L to include bill type 13x for laboratory services reported with modifier L1.
9.	Doc	7/1/2014	-	Documentation change only: modified Appendix N, List B (PHP Services) to note the add-on codes in a separate list as part of "PHP List C", referred to in Appendix C-a (Partial Hospitalization Logic effective v10.0).
10.	Other	7/1/2014	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS web site.
11.	Other	7/1/2014	-	Deliver quarterly software update & all related documentation and files to users via electronic means.