

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3018	Date: August 8, 2014
	Change Request 8879

SUBJECT: October 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.3

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: October 1, 2014

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

IMPLEMENTATION DATE: October 6, 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: 3018	Date: August 8, 2014	Change Request: 8879
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SUBJECT: October 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.3

EFFECTIVE DATE: October 1, 2014

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

IMPLEMENTATION DATE: October 6, 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 October 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 Web site 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	
8879.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
8879.2	Medicare contractors shall identify the I/OCE specifications on the CMS Web site at http://www.cms.gov/OutpatientCodeEdit/ .	X		X		X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	CEDI
		A	B	H H H		
8879.3	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: N/A

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

Appendix N

Summary of Modifications

The modifications of the IOCE for the October 2014 release (V15.3) 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	10/1/2014	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 October 2014 release is 1/1/2008).
2.	Logic	01/01/2008	8	Add code 52630 to the male-only procedure list, retroactive to the earliest version of the program.
3.	Logic	10/1/2014	-	Add logic for processing claims with bill type 77x that do not contain Condition Code 65 under new FQHC PPS logic (see page 10 and new Appendix L).
4.	Logic	10/1/2014	-	Add new values to the following output fields returned in the APC Return Buffer (see Table 7) in support of FQHC processing: a) Payment Indicator: 10 – Paid FQHC encounter payment 11 – Not paid or not included under FQHC encounter payment 12 – No additional payment, included in payment for FQHC encounter 13 – Paid FQHC encounter payment for new patient or IPPE/AWV b) Packaging Flag: 5 – Packaged as part of FQHC encounter payment 6 – Packaged preventive service as part of FQHC encounter payment, not subject to coinsurance payment c) Payment Method Flag 5 – Payment for service determined under FQHC PPS d) Line Item Action Flag 5 - Non-covered service excluded from payment under FQHC PPS e) Composite Adjustment Flag 01 – FQHC medical clinic visit 02 – FQHC mental health clinic visit 03 – Subsequent FQHC clinic visit, medical or mental health (modifier 59 reported) NOTE: The values defined above for Composite Adjustment flag are used only for FQHC claims with bill type 77x when CC 65 is not present.
5.	Logic	10/1/2014	88	New edit 88 - FQHC payment code not reported for FQHC claim (RTP)

#	Type	Effective Date	Edits Affected	Modification
				Criteria: FQHC payment code not reported for a claim with bill type 77x and without Condition Code 65 NOTE: If the bill type is 770 (No payment claim), edit 88 is not applicable.
6.	Logic	10/1/2014	89	New edit 89 - FQHC claim lacks required qualifying visit code (RTP) Criteria: FQHC payment code reported for FQHC claim (bill type is 77x without Condition Code 65) without a qualifying visit HCPCS.
7.	Logic	10/1/2014	90	New edit 90 - Incorrect revenue code reported for FQHC payment code (RTP) Criteria: FQHC payment code not reported with revenue code 519, 52X or 900.
8.	Logic	10/1/2014	91	New edit 91 - Item or service not covered under FQHC PPS (LIR) Criteria: A service considered to be non-covered under FQHC PPS is reported.
9.	Logic	10/1/2014	6, 84	Add edit 6 (Invalid procedure code) and edit 84 (Claim lacks required primary code) to the list of edits to be applied for FQHC PPS claims.
10.	Logic	10/1/2014	-	Update Appendix F(a) OCE Edits Applied by Bill Type table, to include a new row for edits applicable for FQHC (bill type 77x) effective 10/1/2014. Modified row10 to document the previous bill type 77x applicable versions.
11.	Logic	10/1/2014	-	Update Appendix E(a) Logic for Assigning Payment Method Flag Values to Status Indicators by Bill type to add new Payment Method Flag value of 5.
12.	Content	10/1/2014	-	Make HCPCS/APC/SI changes as specified by CMS (data change files).
13.	Content	10/1/2014	20, 40	Implement version 20.3 of the NCCI (as modified for applicable institutional providers).
14.	Content	7/1/2014	87	Updated skin substitute product list (Appendix O, List E) to move Q4137 from low cost to high cost (List A to List B).
15.	Content	10/1/2014	87	Updated skin substitute product list (Appendix O, List E) to move Q4138 and Q4140 from low cost to high cost (List A to List B).
16.	Content	1/1/2012	-	Remove the Deductible/CoInsurance N/A flag from HCPCS code G0448, which was erroneously flagged in the program, retroactively to 1/1/2012.
17.	Doc	10/1/2014	-	Add new Appendix L (FQHC Processing Logic and Flowchart) and rename OCE Overview to Appendix M, rename the Summary of Modifications to Appendix N, and rename the Code Lists to Appendix O.
18.	Other	10/1/2014	-	Create 508-compliant versions of the specifications & Summary of Data Changes documents for publication on the CMS Web site.
19.	Other	10/1/2014	-	Deliver quarterly software update & all related documentation and files to users via electronic means.

FINAL
Summary of Data Changes
Integrated OCE v 15.3
Effective October 1, 2014

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 10-01-14**

APC	APCDesc	StatusIndicator
01486	Factor ix (Alprolix)	G
01487	Inj testosterone undecanoate	G
01488	Injection, ramucirumab	G
01489	Injection, vedolizumab	G

Deleted APCs

The following APC(s) were deleted from the IOCE, **effective 10-01-14**

APC	APCDesc
01084	Denileukin diftitox inj
09004	Gemtuzumab ozogamicin inj

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 01-01-13**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0001M	Infectious dis hcv 6 assays	E	00000	9		
0002M	Liver dis 10 assays w/ash	E	00000	9		
0003M	Liver dis 10 assays w/nash	E	00000	9		
0004M	Scoliosis dna alys	E	00000	9		

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

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0006M	Onc hep gene risk classifier	E	00000	9		
0007M	Onc gastro 51 gene nomogram	E	00000	9		
0008M	Onc breast risk score	E	00000	9		

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 10-01-14**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9023	Inj testosterone undecanoate	G	01487	55		

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9025	Injection, ramucirumab	G	01488	55		
C9026	Injection, vedolizumab	G	01489	55		
C9135	Factor ix (Alprolix)	G	01486	55		
C9741	Impl pressure sensor w/angio	T	00319	55		
G0466	FQHC visit new patient	A	00000			
G0467	FQHC visit, estab pt	A	00000			
G0468	FQHC visit, IPPE or AWV	A	00000			
G0469	FQHC visit, MH new pt	A	00000			
G0470	FQHC visit, MH estab pt	A	00000			
K0901	Ko single upright pre ots	A	00000			
K0902	Ko double upright pre ots	A	00000			
Q9972	Epoetin Beta, ESRD Use	E	00000	9		
Q9973	Epoetin Beta, non-esrd	E	00000	9		
S8032	Low dose CT lung screening	E	00000	9		

HCPCS Description Changes

The following code descriptions were changed, **effective 07-01-14**

HCPCS	Old Description	New Description
S0144	Propofol, 10mg	Inj, Propofol, 10mg

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
55970	Sex transformation m to f	00000	00193	E	T	9	N/A
55980	Sex transformation f to m	00000	00205	E	T	9	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-14** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J9160	Denileukin diftitox inj	01084	00000	K	E	N/A	9
J9300	Gemtuzumab ozogamicin inj	09004	00000	K	E	N/A	9

HCPCS Edit Changes

The following code(s) were added to the list of male procedures, **effective 01-01-08**

Hcpcs
52630

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
55970	0	20140530		
55980	0	20140530		

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 04-01-14**

HCPCS	Edit#	ActivDate	TermDate
55970	68	20140530	
55980	68	20140530	

Deductible/Coinsurance Procedure Code Changes

The following code(s) were removed from the Deductible Coinsurance N/A list, **effective 01-01-12**

HCPCS
G0448

Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 07-01-14**

HCPCS
Q4137

The following code(s) were added to the skin substitute high cost product list, **effective 10-01-14**

HCPCS
Q4138
Q4140

Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 07-01-14**

HCPCS
Q4137

The following code(s) were removed from the skin substitute low cost product list, **effective 10-01-14**

HCPCS
Q4138
Q4140

FQHC PPS Procedure Changes

The following FQHC PPS payment code/qualifying visit code pair requirements were added, **effective 10-01-14**

FQHC	Qualifying Visit
G0466	92002
G0466	92004
G0466	97802
G0466	99201
G0466	99202
G0466	99203
G0466	99204
G0466	99205
G0466	99324
G0466	99325
G0466	99326
G0466	99327
G0466	99328
G0466	99341
G0466	99342
G0466	99343
G0466	99344
G0466	99345
G0466	99381
G0466	99382
G0466	99383
G0466	99384
G0466	99385
G0466	99386
G0466	99387
G0466	G0101
G0466	G0102
G0466	G0108
G0466	G0117
G0466	G0118
G0466	G0436
G0466	G0437
G0466	G0442
G0466	G0443
G0466	G0444
G0466	G0445
G0466	G0446
G0466	G0447
G0467	92012
G0467	92014
G0467	97802
G0467	97803
G0467	99211
G0467	99212

FQHC	Qualifying Visit
G0467	99213
G0467	99214
G0467	99215
G0467	99304
G0467	99305
G0467	99306
G0467	99307
G0467	99308
G0467	99309
G0467	99310
G0467	99315
G0467	99316
G0467	99318
G0467	99334
G0467	99335
G0467	99336
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G0467	99394
G0467	99395
G0467	99396
G0467	99397
G0467	99495
G0467	99496
G0467	G0101
G0467	G0102
G0467	G0108
G0467	G0117
G0467	G0118
G0467	G0270
G0467	G0436
G0467	G0437
G0467	G0442
G0467	G0443
G0467	G0444
G0467	G0445
G0467	G0446
G0467	G0447
G0467	M0064
G0468	G0402
G0468	G0438
G0468	G0439
G0469	90791
G0469	90792
G0469	90832

FQHC	Qualifying Visit
G0469	90833
G0469	90834
G0469	90836
G0469	90837
G0469	90838
G0469	90839
G0469	90845
G0470	90791
G0470	90792
G0470	90832
G0470	90833
G0470	90834
G0470	90836
G0470	90837
G0470	90838
G0470	90839
G0470	90845

The following mental health add-on procedure codes are added for FQHC PPS, **effective 10-01-14**

HCPCS
90833
90836
90838

The following primary procedure codes for mental health add-on codes are added for FQHC PPS, **effective 10-01-14**

HCPCS
99201
99202
99203
99204
99205
99211
99212
99213
99214
99215
99304
99305
99306
99307
99308
99309
99310
99315
99316
99318
99324
99325

HCPCS
99326
99327
99328
99334
99335
99336
99337
99341
99342
99343
99344
99345
99347
99348
99349
99350

The following preventive service procedure codes are added for FQHC PPS, **effective 10-01-14**

HCPCS
76977
77052
77057
77078
77080
77081
90739
90740
90743
90744
90746
90747
97802
97803
G0008
G0009
G0010
G0101
G0104
G0105
G0121
G0124
G0130
G0141
G0202
G0270
G0389
G0402
G0436
G0437
G0438

HCPCS
G0439
G0442
G0443
G0444
G0445
G0446
G0447
P3001
Q0091

The following influenza and PPV vaccine procedure codes are added for FQHC PPS, **effective 10-01-14**

HCPCS
90653
90654
90655
90656
90657
90658
90660
90661
90662
90664
90666
90667
90668
90669
90670
90672
90673
90685
90686
90687
90688
90732
G0008
G0009
Q2034
Q2035
Q2036
Q2037
Q2038
Q2039

The following FQHC PPS non-covered procedure codes are added, **effective 10-01-14**

HCPCS
78267
78268
80047
80048

HCPCS
80051
80053
80061
80069
80074
80076
80102
80150
80152
80154
80155
80156
80157
80158
80159
80160
80162
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HCPCS
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81002
81003
81005
81007
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HCPCS
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HCPCS
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HCPCS
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