

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3359	Date: September 23, 2015
	Change Request 9290

Transmittal 3328, dated August 14, 2015, is being rescinded and replaced by Transmittal 3359 dated September 23, 2015, to attach an updated Summary of Data Changes and Appendix O. All other information remains the same.

SUBJECT: October 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.3

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, 2015

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

IMPLEMENTATION DATE: October 5, 2015

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 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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 3359	Date: September 23, 2015	Change Request: 9290
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SUBJECT: October 2015 Integrated Outpatient Code Editor (I/OCE) Specifications Version 16.3

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IMPLEMENTATION DATE: October 5, 2015

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, 2015. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE. 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			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		
9290.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X					
9290.2	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
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9290.3	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 5 business days after receipt of the notification from CMS announcing the availability of the 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

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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 O: Summary of Modifications

The modifications of the IOCE for the October 2015 release (V16.3R1) 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 be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

#	Type	Effective Date	Edits Affected	Modification
1	Logic	10/1/2015	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date included in this October 2015 release is 1/1/2009.
2	Logic	9/3/2015	68	Implement mid-quarter NCD edit effective date for HCPCS code Q5101.
2	Logic	10/1/2015	87	Modify the program logic to not ignore skin substitute product code(s) present with line item action flag 2 in order to process edit 87 (page 10). Note: This R1 release corrects an erroneous program logic effective date of 4/1/2015 to the correct effective date of 10/1/2015 (no change to documentation).
3	Logic	10/1/2015	87	Update to the skin substitute product list (move HCPCS Q4151 from List A to List B – Appendix P, list E).
4	Logic	10/1/2015	88, 89	Modify the program logic to not assign edits 88 and 89 for FQHC when only FQHC non-covered services are present with edit 91 (page 11; Appendix M processing steps and flowchart).
5	Logic	10/1/2015	2, 3, 86	Update the diagnosis/age and diagnosis/sex conflict, and manifestation edits based on the official ICD-10-CM diagnosis code editing content for the MCE.
6	Content	10/1/2015		Modify the diagnosis code content to replace all preliminary ICD-10-CM content with the official ICD-10-CM code content effective for 10/1/2015; restrict the use of ICD-9-CM code content for historical claims with From Dates through 9/30/2015.
7	Content	10/1/2015		Updates to FQHC non-covered procedures and flu/PPV vaccine lists (see quarterly data file changes).
8	Content	10/1/2015		Make HCPCS/APC/SI changes as specified by CMS (data change files).
9	Content	10/1/2015	20, 40	Implement version 21.3 of the NCCI (as modified for applicable institutional providers).
10	Documentation	10/1/2015		Update the IOCE PC product User and Installation Manual for removal of support for Microsoft® Windows® versions 2000, XP and Vista; add support for Microsoft® Windows® version 8.1.
11	Documentation	10/1/2015		Update page 3 and Table 1 (OCE Control Block) to indicate ICD-10-CM diagnosis codes as the primary diagnosis code set with ICD-9-CM diagnosis codes remaining for historical claims.
12	Other	10/1/2015		Create 508-compliant versions of the Specifications and Summary of Data Changes documents for publication on the CMS web site. Provide MF and PC IOCE software and supporting quarterly data file reports for publication on the CMS web site.
13	Other	10/1/2015		Deliver quarterly software update and all related documentation and files to users via electronic means.

FINAL

Summary of Data Changes

Integrated OCE v 16.3 R1

Effective October 1, 2015

Table of Contents

CPT codes, descriptions, and material only are Copyright 2014 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 ICD-10 code(s) were removed from the list of pediatric diagnoses, age 0-17 years old, **effective 10-01-15**

Diagnosis
J84848

The following ICD-10 code(s) were removed from the list of maternity diagnoses, age 12-55 years old, **effective 10-01-15**

Diagnosis
T8331XA
T8332XA
T8339XA
Z1389
Z30011
Z3041
Z30431
Z3049
Z3189
Z52810
Z52811
Z52812
Z52813
Z52819
Z8751
Z975

The following ICD-10 code(s) were added to the list of adult only diagnoses, age 15-124 years old, **effective 10-01-15**

Diagnosis
E28310
E28319
Z9182

The following ICD-10 code(s) were removed from the list of adult only diagnoses, age 15-124 years old, **effective 10-01-15**

Diagnosis
G451
G452
G458
G459
G460

Diagnosis
G461
G462
I200
I201
I208
I209
I2101
I2102
I2109
I2111
I2119
I2121
I2129
I213
I214
I220
I221
I222
I228
I229
I240
I241
I248
I249
I252
I25750
I25751
I25758
I25759
I25811
I513
I63011
I63012
I63019
I6302
I63111
I63112
I63119
I6312
I63211
I63212
I63219
I6322
I6330
I63311
I63312
I63319
I63321
I63322
I63329
I63331

Diagnosis
I63332
I63339
I63341
I63342
I63349
I6339
I6340
I63411
I63412
I63419
I63421
I63422
I63429
I63431
I63432
I63439
I63441
I63442
I63449
I6349
I636
I6501
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I6503
I6509
I651
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I6523
I6529
I658
I659
I6601
I6602
I6603
I6609
I6611
I6612
I6613
I6619
I6621
I6622
I6623
I6629
I663
I668
I669
I67841
I67848
I7100
I7101

Diagnosis
I7102
I7103
I711
I712
I713
I714
I715
I716
I718
I719
I720
I721
I722
I723
I724
I728
I729
I790
I863
M4640
M4641
M4642
M4643
M4644
M4645
M4646
M4647
M4648
M4649
M4800
M4804
M4805
M4806
M4807
M4808
M5000
M5001
M5002
M5003
M5020
M5021
M5022
M5023
M5030
M5031
M5032
M5033
M5080
M5081
M5082
M5083

Diagnosis
M5090
M5091
M5092
M5093
M5104
M5105
M5106
M5124
M5125
M5126
M5127
M5134
M5135
M5144
M5145
M5146
M5147
M5184
M5185
M5186
M5187
M519
M961
M9922
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Diagnosis
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M9972
M9973
M9974
M9975
M9976
M9977
M9978
M9979
N486
N5311
N5313
N5314
N5319
Z5682
Z655

The following ICD-10 code(s) were added to the list of manifestation diagnoses, **effective 10-01-15**

DIAGNOSIS
D7581
E0800
E0801
E0810
E0811
E0821
E0822
E0829
E08311
E08319
E08321
E08329
E08331
E08339
E08341
E08349
E08351
E08359
E0836
E0839

DIAGNOSIS
E0840
E0841
E0842
E0843
E0844
E0849
E0851
E0852
E0859
E08610
E08618
E08620
E08621
E08622
E08628
E08630
E08638
E08641
E08649
E0865
E0869
E088
E089

The following ICD-10 code(s) were added to the list of male diagnoses, **effective 10-01-15**

DIAGNOSIS
Z87430
Z87438

The following ICD-10 code(s) were removed from the list of male diagnoses, **effective 10-01-15**

DIAGNOSIS
Z8042
Z8043

The following ICD-10 code(s) were removed from the list of female diagnoses, **effective 10-01-15**

DIAGNOSIS
Z8041

APC CHANGES

Added APCs

The following APC(s) were added to the IOCE, **effective 07-01-15**

APC	APCDesc	StatusIndicator
01822	Inj filgrastim g-csf biosim	K

The following APC(s) were added to the IOCE, **effective 10-01-15**

APC	APCDesc	StatusIndicator
01809	Injection, Alemtuzumab	K
09456	Inj, isavuconazonium sulfate	G
09457	Lumason contrast agent	G

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 10-01-15**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9456	Inj, isavuconazonium sulfate	G	09456	55		
C9457	Lumason contrast agent	G	09457	55		
C9743	Bulking/spacer material impl	S	00310	55		
Q9979	Injection, Alemtuzumab	K	01809			

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

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-15** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
L7900	Male vacuum erection system			A	E	N/A	50
L7902	Tension ring, vac erect dev			A	E	N/A	50
Q5101	Inj filgrastim g-csf biosim	00000	01822	E	K	9	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
Q5101		20150903		

Edit Assignments

The following code(s) were added to edit 67, 68, 69 or 83 **effective 07-01-15**

HCPCS	Edit#	ActivDate	TermDate
Q5101	68	20150903	

Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 10-01-15**

HCPCS
Q4151

Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 10-01-15**

HCPCS
Q4151

FQHC PPS Procedure Changes

The following influenza and PPV vaccine procedure codes are added for FQHC PPS, **effective 07-01-15**

HCPCS
90630

The following FQHC PPS non-covered procedure codes are added, **effective 10-01-15**

HCPCS
G0109