

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4074</b>	<b>Date: June 15, 2018</b>
	<b>Change Request 10699</b>

**Transmittal 4065, dated June 1, 2018, is being rescinded and replaced by Transmittal 4074, dated June 15, 2018 to make revisions to the Summary of Changes and Summary of Modifications documents. All other information remains the same.**

**SUBJECT: July 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.2**

**I. SUMMARY OF CHANGES:** This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (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 publication 100-04, chapter 4, section 40.1.

**EFFECTIVE DATE: July 1, 2018**

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

**IMPLEMENTATION DATE: July 2, 2018**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	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

<b>Pub. 100-04</b>	<b>Transmittal: 4074</b>	<b>Date: June 15, 2018</b>	<b>Change Request: 10699</b>
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**IMPLEMENTATION DATE: July 2, 2018**

## I. GENERAL INFORMATION

**A. Background:** This instruction informs the A/B Medicare Administrative Contractors (MACs) Part A, the A/B MACs Part Home Health and Hospice (HHH) and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for July 1, 2018. 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 publication 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	
10699.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X				
10699.2	Medicare contractors shall identify the I/OCE specifications on the CMS Website at <a href="http://www.cms.gov/OutpatientCodeEdit/">http://www.cms.gov/OutpatientCodeEdit/</a> .	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		
10699.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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 , Marina Kushnirova, Marina.Kushnirova@cms.hhs.gov , Fred Rooke, Fred.Rooke@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**

## 2 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **July 2018 V19.2.R1** release 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	7/1/2018	<a href="#">24</a>	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 for this release is 10/1/2011.
2	Logic	<b>1/1/2018</b>	<a href="#">18</a>	Implement new program logic retroactively (1/1/18) to allow TKA Anesthesia code 01402 (SI = C) when reported with TKA procedure code 27447 to package by changing its SI from C to N. If 01402 is reported with any other procedure the SI remains a C and processes as usual.
3	Logic	<b>1/1/2016</b>	<a href="#">38</a>	Update program logic retroactively (1/1/16) to exclude procedures with SI= J2 from satisfying edit 38.
4	Logic	<b>4/1/2018</b>	<a href="#">106, 107, 108</a>	Update logic for <a href="#">Add-on Code Editing</a> to apply the applicable edits on both add-on procedure line items, if reporting multiple add-on codes without one or both primary procedures.
5	Logic	7/1/2018	<a href="#">6,20,22,40, 106,107,108</a>	Update the program logic to include edits (6, 20, 22, 40, 106, 107, and 108) to applicable bill types retroactively to each edits activation date. This includes the documentation update to the <a href="#">Edits Applied by Bill Type tables</a> , see table for updates.
6	Logic	7/1/2018	<a href="#">6,22</a>	Implement logic to include a condition in which lines submitted on a 32x bill type (HHA) with revenue code 0023 do not have edit 6 or 22 applied.
7	Logic	7/1/2018	<a href="#">22</a>	Add the following new modifier to the valid modifier list: QQ - Qualified cdsm consulted
8	Documentation	7/1/2018		Update the <a href="#">Add-on Code Editing</a> section to include additional conditions for editing. This includes an update to the Edit Descriptions and Reason for Edit Generation table.
9	Documentation	7/1/2018		Update the <a href="#">IOCE Execution and Processing Flowchart</a> to include RHC in the FQHC objects mentioned in processing.
10	Documentation	7/1/2018		Update to <a href="#">Hospice Processing</a> section to note the logic that is discontinued by <a href="#">edit 61</a> and <a href="#">72</a> being removed from bill type 81x and 82x (1/1/14).
11	Documentation	7/1/2018		Update to <a href="#">Biosimilar HCPCS Processing</a> section to note that Edits 94 and 103 are discontinued, effective 4/1/18.
12	Documentation	7/1/2018		Update the <a href="#">Pass-through Device Processing</a> section to change language from device-intensive procedure pairings to procedure and pass-through device pairings.
13	Content	7/1/2018		Update the following lists for the release (see quarterly data files): <ul style="list-style-type: none"> <li>- Add on Type I (edit 106, Retroactive replacement of April Quarter)</li> <li>- Add on Type III (edit 108, Retroactive replacement of April Quarter)</li> <li>- Comprehensive APC list</li> <li>- Comprehensive APC Exclusions</li> <li>- Procedure and Sex Conflict (edit 8)</li> <li>- RHC CG Modifier Not Payable (edit 104)</li> <li>- Skin Substitute Product (edit 87)</li> <li>- Non-Covered Service (edit 9)</li> <li>- Service Not Paid by Medicare (edit 13)</li> </ul>
14	Content	7/1/2018		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).

#	Type	Effective Date	Edits Affected	Modification
15	Content	7/1/2018	<a href="#">20</a> , <a href="#">40</a>	Implement version 24.2 of the NCCI (as modified for applicable outpatient institutional providers).
16	Other	7/1/2018		Create 508-compliant versions of the Specifications, Summary of Data Changes and File Layout 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.
17	Other	7/1/2018		Deliver quarterly software update and all related documentation and files to users via electronic download.

**FINAL**  
**Summary of Data Changes**  
**Integrated OCE v19.2.R.1**  
**Effective July 1, 2018**

## Table of Contents

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DEFINITIONS.....	3
APC CHANGES .....	4
<u>Added APCs</u> .....	4
<u>Deleted APCs</u> .....	4
<u>APC Description Changes</u> .....	4
HCPCS/CPT PROCEDURE CODE CHANGES .....	4
<u>Added HCPCS/CPT Procedure Codes</u> .....	4
<u>Deleted HCPCS/CPT Procedure Codes</u> .....	5
<u>HCPCS Description Changes</u> .....	6
<u>HCPCS Changes- APC, Status Indicator and/or Edit Assignments</u> .....	6
<u>HCPCS Edit Changes</u> .....	6
<u>Comprehensive APC Procedure Exclusion Changes</u> .....	7
<u>Skin Substitute High Cost Product Procedure Changes</u> .....	7
<u>Skin Substitute Low Cost Product Procedure Changes</u> .....	7
<u>Add-On Procedure Code Changes</u> .....	7
MODIFIERS .....	10
<u>Added Modifiers</u> .....	11

## 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 07-01-18**

APC	APCDesc	StatusIndicator
09030	Inj copanlisib	G
09067	Lutetium Lu 177 dotatate, tx	G
09070	Voretigne neparvovec-rzyl	G
09073	Buprenorph xr 100 mg or less	G
09096	Inj Retacrit esrd on dialysi	K
09097	Inj Retacrit non-esrd use	K
09239	Buprenorphine xr over 100 mg	G
09257	Inj. emicizumab-kxwh, 0.5 mg	G

### Deleted APCs

The following APC(s) were deleted from the IOCE, **effective 07-01-18**

APC	APCDesc
00838	Interferon gamma 1-b inj
01421	Imported lipodox inj

### APC Description Changes

The following APC(s) had description changes, **effective 07-01-18**

APC	Old Description	New Description
09469	Inj triamcinolone acetoneide	Inj., triamcinolone ext rel

## HCPCS/CPT PROCEDURE CODE CHANGES

### Added HCPCS/CPT Procedure Codes

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 04-01-18**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0012M	Onc mrna 5 gen rsk urthl ca	A	00000			
0013M	Onc mrna 5 gen recr urthl ca	A	00000			
0035U	Neuro csf prion prtn qual	Q4	00000			
0036U	Xome tum & nml spec seq alys	A	00000			
0037U	Trgt gen seq dna 324 genes	A	00000			
0038U	Vitamin d srm microsamp quan	Q4	00000			
0039U	Dna antb 2strand hi avidity	Q4	00000			

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0040U	Bcr/abl1 gene major bp quan	A	00000			
0041U	B brgdrferi antib 5 prtn igm	Q4	00000			
0042U	B brgdrferi antib 12 prtn igg	Q4	00000			
0043U	Tbrf b grp antib 4 prtn igm	Q4	00000			
0044U	Tbrf b grp antib 4 prtn igg	Q4	00000			

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 07-01-18**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
0045U	Onc brst dux carc is 12 gene	A	00000			
0046U	Flt3 gene itd variants quan	A	00000			
0047U	Onc prst8 mrna 17 gene alg	A	00000			
0048U	Onc sld org neo dna 468 gene	A	00000			
0049U	Npml gene analysis quan	A	00000			
0050U	Trgt gen seq dna 194 genes	A	00000			
0051U	Rx mntr lc-ms/ms ur 31 pnl	Q4	00000			
0052U	Lpoprtn bld w/5 maj classes	Q4	00000			
0053U	Onc prst8 ca fish alys 4 gen	A	00000			
0054U	Rx mntr 14+ drugs & sbsts	Q4	00000			
0055U	Card hrt trnspl 96 dna seq	A	00000			
0056U	Hem aml dna gene reargmt	A	00000			
0057U	Onc sld org neo mrna 51 gene	A	00000			
0058U	Onc merkel cll carc srm quan	Q4	00000			
0059U	Onc merkel cll carc srm +/-	Q4	00000			
0060U	Twn zyg gen seq alys chrms2	A	00000			
0061U	Tc meas 5 bmrk sfdi m-s alys	Q4	00000			
0505T	Ev fempop artl revsc	J1	05193			
0506T	Mac pgmt opt dns meas hfp	Q1	05733			
0507T	Near ifr 2img mibmn gland i&r	Q1	05733			
0508T	Pls echo us b1 dns meas tib	S	05522			
C9030	Inj copanlisib	G	09030	55		
C9031	Lutetium Lu 177 dotatate, tx	G	09067	55		
C9032	Voretigne neparvovec-rzyl	G	09070	55		
Q5105	Inj Retacrit esrd on dialysi	K	09096			
Q5106	Inj Retacrit non-esrd use	K	09097			
Q9991	Buprenorph xr 100 mg or less	G	09073			
Q9992	Buprenorphine xr over 100 mg	G	09239			
Q9993	Inj., triamcinolone ext rel	G	09469			
Q9994	Enzyme cartridge enteral nut	E1	00000	9		
Q9995	inj. emicizumab-kxwh, 0.5 mg	G	09257			

### **Deleted HCPCS/CPT Procedure Codes**

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 01-01-18**

HCPCS	CodeDesc
0008M	Onc breast risk score
G9890	Mac exam perf
G9891	Doc med rsn no dil mac exam

The following HCPCS/CPT code(s) were deleted from the IOCE, **effective 07-01-18**

HCPCS	CodeDesc
C9469	Inj triamcinolone acetone

### **HCPCS Description Changes**

The following code descriptions were changed, **effective 01-01-18**

HCPCS	Old Description	New Description
74283	Contrast x-ray exam of colon	Ther nma rdctj intus/obstrecj
90750	Hzz vacc recombinant im njx	Hzz vacc recombinant im
G0516	insert drug implant,>=4	Insert drug del implant, >4

The following code descriptions were changed, **effective 04-01-18**

HCPCS	Old Description	New Description
G0516	insert drug implant,>=4	Insert drug implant,>=4

The following code descriptions were changed, **effective 07-01-18**

HCPCS	Old Description	New Description
0006U	Rx mntr 120+ drugs & sbsts	Detc ia meds 120+ analytes

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

The following code(s) had an APC and/or SI and/or edit change, **effective 04-01-18** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
90739	Hepb vacc 2 dose adult im			E1	F	9	N/A

The following code(s) had an APC and/or SI and/or edit change, **effective 07-01-18** \*\*A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
J9216	Interferon gamma 1-b inj	00838	00000	K	E2	N/A	13
Q2049	Imported lipodox inj	01421	00000	K	E2	N/A	13

### **HCPCS Edit Changes**

The following code(s) were removed from the list of female procedures, **effective 01-01-18**

Hcpcs
0500T
87624
87625

## Comprehensive APC Procedure Exclusion Changes

The following codes were added to the comprehensive APC exclusion list, **effective 01-01-18**

HCPCS
77065
77066
77067

## Skin Substitute High Cost Product Procedure Changes

The following code(s) were added to the skin substitute high cost product list, **effective 07-01-18**

HCPCS
Q4178

## Skin Substitute Low Cost Product Procedure Changes

The following code(s) were removed from the skin substitute low cost product list, **effective 07-01-18**

HCPCS
Q4178

## Add-On Procedure Code Changes

The following code(s) were added to the Type I Add-on Code Procedure list, **effective 04-01-18**

Addon	Primary
34715	33990
34715	33991
34812	33990
34812	33991
34820	33990
34820	33991
34834	33990
34834	33991
63035	63030
93621	93654
G0513	76706
G0513	76977
G0513	77063
G0513	77067
G0513	77078
G0513	77080
G0513	77081
G0513	G0101
G0513	G0104
G0513	G0105

Addon	Primary
G0513	G0121
G0513	G0130
G0513	G0296
G0513	G0297
G0513	G0402
G0513	G0438
G0513	G0439
G0513	Q0091
G0514	G0513

The following code(s) were added to the Type III Add-on Code Procedure list, **effective 04-01-18**

Addon	Primary
96160	99201
96160	99202
96160	99203
96160	99204
96160	99205
96160	99211
96160	99212
96160	99213
96160	99214
96160	99215
96160	99217
96160	99218
96160	99219
96160	99220
96160	99221
96160	99222
96160	99223
96160	99224
96160	99225
96160	99226
96160	99231
96160	99232
96160	99233
96160	99234
96160	99235
96160	99236
96160	99238
96160	99239
96160	99241
96160	99242
96160	99243
96160	99244
96160	99245
96160	99251
96160	99252
96160	99253
96160	99254
96160	99255

Addon	Primary
96160	99281
96160	99282
96160	99283
96160	99284
96160	99285
96160	99288
96160	99291
96160	99292
96160	99304
96160	99305
96160	99306
96160	99307
96160	99308
96160	99309
96160	99310
96160	99315
96160	99316
96160	99318
96160	99324
96160	99325
96160	99326
96160	99327
96160	99328
96160	99334
96160	99335
96160	99336
96160	99337
96160	99339
96160	99340
96160	99341
96160	99342
96160	99343
96160	99344
96160	G0463
96161	G0463
C9726	19301
C9726	19302
C9738	52204
C9738	52214
C9738	52224
G0506	99217
G0506	99218
G0506	99219
G0506	99220
G0506	99221
G0506	99222
G0506	99223
G0506	99224
G0506	99225
G0506	99226
G0506	99231

Addon	Primary
G0506	99232
G0506	99233
G0506	99234
G0506	99235
G0506	99236
G0506	99238
G0506	99281
G0506	99282
G0506	99283
G0506	99284
G0506	99285
G0506	99304
G0506	99305
G0506	99306
G0506	99307
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G0506	99318
G0506	99324
G0506	99325
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G0506	99327
G0506	99328
G0506	99334
G0506	99335
G0506	99336
G0506	99337
G0506	99341
G0506	99342
G0506	99343
G0506	99344
G0506	99345
G0506	99347
G0506	99348
G0506	99349
G0506	99350
G0506	99483
G0506	G0463

**MODIFIERS**

## Added Modifiers

The following modifier(s) were added to the list of valid modifiers, **effective 07-01-18**

modif	ACTIVATIONDATE
QQ	0