Southern Atlantic Healthcare Alliance

How to Stay Updated on a Quarterly Basis Using the Outpatient Code Editor (OCE)

2019 Medicare Update
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Agenda

- New OCE Format
- Finding and using the OCE for Quarterly Updates
- Using the data files to find codes subject to OCE claims edits

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What is the I/OCE?

- The Integrated Outpatient Code Editor is software and editing logic that edits and groups claims:
- According to CMS it:
  - Edits a claim for accuracy of submitted data, including applying NCCI edits (Procedure-to-Procedure, Medically Unlikely, Add-on)
  - Assigns APCs
  - Assigns CMS-designated status indicators
  - Assigns payment indicators
  - Computes discounts, if applicable
  - Determines a claim disposition based on generated edits
  - Determines if packaging is applicable
  - Determines payment adjustment, if applicable

CMS.gov website: OCE Purpose

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Who does the I/OCE apply to?

- The I/OCE applies to all institutional provider outpatient claims, including
  - OPPS hospitals
  - Non-OPPS hospitals (Maryland, Critical Access Hospitals (CAH))
  - Community Mental Health Centers (CMHC) and Partial Hospitalization Programs (PHP)
  - Federally Qualified Health Centers (FQHC)
  - Rural Health Clinics (RHCs)
  - Comprehensive Outpatient Rehabilitation Facilities (CORF)/Outpatient Rehabilitation Facilities (ORF)
  - Certain skilled nursing facility services not paid under the SNF PPS
  - Certain home health agency services not paid under the HH PPS
  - End Stage Renal Disease (ESRD) providers
  - Hospice provider services for a non-terminal illness

I/OCE Specifications: Section 6.3 OCE Edits Applied by OPPS Bill Type Table; Section 6.4 OCE Edits Applied by Non-OPPS Hospital Bill Type Table

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How is the I/OCE applied to claims?

- The I/OCE is applied at the CMS level to claims information supplied by the MAC
- The MAC identifies claims as OPPS or non-OPPS
- The I/OCE applies to single claims, with up to 450 lines, and has no cross claim capabilities
- The I/OCE applies some edits by date of service and others across the entire claim
  - Examples of edit and logic applied by date of service: discounting, multiple visit logic, bilateral procedure logic
  - Examples of edits and logic applied across the entire claim regardless of date of service: conditional packaging
  - Table 6.2 Edit Descriptions and the logic descriptions throughout the specifications identify whether they applied by claim or date

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Obtaining the I/OCE

- I/OCE quarterly releases are found on CMS website:
  - https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.html

Home > Medicare > Outpatient Code Editor (OCE) > OCE Quarterly Release Files

Outpatient Code Editor (OCE)
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OCE Quarterly Release Files

This page provides the draft and final quarterly Integrated OCE instructions and specifications that will be utilized under the OPPS and Non-OPPS for hospital outpatient departments, community mental health centers (CMHCs), for all non-OPPS providers, and for limited services when provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

Attachment A contains the IOCE Specifications and Attachment B contains the IOCE Summary of Data Changes.

January 2019 ← Choose Quarterly Data Files

- IOCE Quarterly Data Files V20.0 [ZIP, 52MB]
- IOCE MF Software Package V20.0 [ZIP, 22MB]
- IOCE PC Software Package V20.0 [ZIP, 96MB]

October 2018

- IOCE Quarterly Data Files V19.3 [ZIP, 55MB]
- IOCE MF Software Package V19.3 [ZIP, 25MB]
- IOCE PC Software Package V19.3 [ZIP, 98MB]

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Components of the I/OCE

- The I/OCE is supplied by quarterly downloadable zip files containing:
  - Final Summary of Data Changes
    - Contains all coding updates for the given quarter
  - Integrated Outpatient Code Editor Specifications, with updates (software "documentation")
    - Contains the list of edits, logic algorithms and explanations of edits and logic
  - Multiple Excel files containing the codes comprising the edits
    - A "FileLayout" document explains each file and indicators

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Components of the I/OCE

Accept the license and open (or save) the zip file. You will see:

Kimberly Baker › AppData › Local › Microsoft › Windows › INetCache › IE › VU7I5LTE › IOCE.V193.R0.QuarterlyDataFiles

Name	Type	Compressed size	Password pr...	Size
FileLayout_V19.3	Adobe Acrobat Document	205 KB	No	227
FinalSumofDataChngsSpecCMS.report	Adobe Acrobat Document	200 KB	No	221
IntegOCEspecsV19.3	Adobe Acrobat Document	656 KB	No	691
Q_CD_Addon_Code_Type_One	Text Document	18 KB	No	166
Q_CD_Addon_Code_Type_One	Microsoft Excel Worksheet	92 KB	No	126
Q_CD_Addon_Code_Type_One_DIFF	Text Document	1 KB	No	1
Q_CD_Addon_Code_Type_One_DIFF	Microsoft Excel Worksheet	9 KB	No	12
Q_CD_Addon_Code_Type_Three	Text Document	2 KB	No	14
Q_CD_Addon_Code_Type_Three	Microsoft Excel Worksheet	17 KB	No	22

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Quarterly Updates

Two transmittals to watch for:

- The quarterly I/OCE update is announced by transmittal
  - The transmittal contains a Summary of Quarterly Release Modifications, which is also contained in Section 2 of the I/OCE Specifications in the download file
- A separate quarterly OPPS update transmittal provides additional or supplemental information about the coding changes contained in the Final Summary of Data Changes

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Final Summary of Data Changes

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Final Summary of Data Changes

- Published quarterly with the I/OCE download
- Vital for staff throughout the revenue cycle to review for:
  - Coding updates to implement
  - Modification to the chargemaster and associated logic
  - Opportunities for rebilling (changes may be retroactive)
- Additional policy information may be contained in the quarterly OPPS update transmittal

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New, Revised and Deleted Codes

- Includes all new, revised and deleted HCPCS codes, modifiers, and revenue codes, including edits related to them
- From the Final Summary of Data Changes, October 2018:

The following new HCPCS/CPT code(s) were added to the IOCE, **effective 10-01-18**

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9033	Inj. akynzeo	G	09099	55		
C9034	Injection, dexamethasone 9%	G	09172	55		
C9750	Ins/rem-replace compl iims	J1	05223	55		
G9978	Remote E/M new pt 10mins	B	00000	62		
G9979	Remote E/M new pt 20mins	B	00000	62		

- From the October 2018 OPPS Quarterly Update Transmittal:

B. Policy: 1. New Separately Payable Procedure Code

Effective October 1 2018, HCPCS code C9750 has been created as described in Table 1, attachment A, and assigned to APC 5223 (Level 3 Pacemaker and Similar Procedures) with a payment rate of $9,747.99. This procedure was previously described by Category III Current Procedural Terminology (CPT) code 0302T, which was deleted December 31, 2017.

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Quarter to Quarter Monitoring is Important

- Guidance changes/develops, monitoring each quarter is important
- From the Final Summary of Data Changes, April 2018

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

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
C9462	Injection, delafloxacin	G	09462	55		
C9463	Injection, aprepitant	G	09463	55		
C9464	Injection, rolapitant	G	09464	55		
C9465	Injection, Durolane	G	09465	55		
C9466	Injection, benralizumab	G	09466	55		
C9467	Inj rituximab hyaluronidase	G	09467	55		
C9468	Inj, factor ix, Rebinyn	G	09468	55		
C9469	Inj triamcinolone acetonide	G	09469	55		
C9749	Repair nasal stenosis w/imp	J1	05164	55		
G9873	1 EM core session	M	00000	72		
G9874	4 EM core sessions	M	00000	72		

Added: C9749 Repair of nasal vestibular lateral wall stenosis with implant(s)

- From the July 2018 OPPS Quarterly Update Transmittal

4. Bilateral Indicator for HCPCS Code C9749

In the April 2018 OPPS update CR (Transmittal 4005, CR 10515 dated March 20, 2018), we announced the establishment of HCPCS code C9749 (Repair of nasal vestibular lateral wall stenosis with implant(s)) effective April 1, 2018. We are clarifying that this code describes an inherently bilateral procedure, and that for unilateral procedures, hospital outpatient departments need to report either modifier 73 or 74. We note that modifiers 73 and 74 are only used to indicate discontinued procedures for which anesthesia is planned or provided.

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Quarter to Quarter Monitoring is Important

- From the Final Summary of Data Changes, October 2018

Device Dependent Procedure Changes

The following code(s) were added to the device dependent procedure list (edit 92), **effective 04-01-18**

HCPCS
C9749

Device Credit Procedure Changes

The following code(s) were added to the list that may be subject to device credit when the procedure is terminated early, **effective 04-01-18**

HCPCS	Amount
C9749	$901.61

- This code is also now subject to device credit reporting for free or reduced cost devices - may require updates to tracking logic, researching/rebilling prior claims

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Retroactive Changes are Common

- From the Final Summary of Data Changes, October 2018

HCPCS/CPT PROCEDURE CODE CHANGES

Added HCPCS/CPT Procedure Codes

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

HCPCS	CodeDesc	SI	APC	Edit	ActivDate	TermDate
Q5108	Injection, fulphila	K	09173	68	20180712	

The following code(s) were added to edit 67, 68, 69 or 83 **effective 07-01-18**

HCPCS	Edit#	ActivDate	TermDate
Q5108	68	20180712	

- Q5108 is a new code for Fulphila, a biosimilar of Neulasta approved by the FDA 07/12/18
- Addition allows submission of claims from DOS 7/12/18

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New/Revised APCs and Status Indicators

- From the Final Summary of Data Changes, October 2018

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

The following code(s) had an APC and/or SI and/or edit change, **effective 10-01-18** **A blank in the field indicates no change.

HCPCS	CodeDesc	Old APC	New APC	Old SI	New SI	Old Edit	New Edit
A9586	Florbetapir f18	00000	09084	N	G		
C9447	Inj. phenylephrine ketorolac	00000	09083	N	G		
Q4172	Puraply or puraply am	00000	09082	N	G		
Q5105	Inj Retacrit esrd on dialysi			K	G		
Q5106	Inj Retacrit non-esrd use			K	G		
Q9950	Inj sulf hexa lipid microsph	00000	09085	N	G		

- Separate payment for Puraply, as pass-through (subject to offset)
- Retacrit changed from K to G - may need to change modifier JG logic to avoid RTP 10/1/18

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ICD-10 Diagnosis Code and Edit Changes

- Includes new, revised and deleted ICD-10 diagnosis codes, including edit logic
- From the Final Summary of Data Changes, October 2018

The following ICD-10 code(s) were added to the list of manifestation diagnoses, **effective 10-01-18**

DIAGNOSIS
K82A1
K82A2

The following ICD-10 code(s) were added to the list of mental health diagnoses, **effective 10-01-18**

DIAGNOSIS
F1223
F1293
F530
F531
F68A

The following ICD-10 code(s) were added to the list of male diagnoses, **effective 10-01-18**

DIAGNOSIS
N35016
N35116

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I/OCE Specifications

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I/OCE Specifications

- Published in its entirety each quarter with quarterly changes highlighted
  - Summary of Quarterly Release Modifications will detail the modifications
  - This table contains a summary of logic, content and documentation edits, along with their effective dates
- CMS substantially revised the I/OCE Specifications format in the April 2018 version
  - Organized into new clearer sections
  - Internal jump links for ease of navigation
  - Revamped edit table to include reason for edit generation
- CMS renumbered again in January 2019

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Summary of Quarterly Release Modifications

2 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **July 2018 V19.2** 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	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 for this release is 10/1/2011.
2	Logic	1/1/2018	18	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	1/1/2016	38	Update program logic retroactively (1/1/16) to exclude procedures with SI= J2 from satisfying edit 38.
4	Logic	4/1/2018	106, 107, 108	Update logic for Add-on Code Editing to apply the applicable edits on both

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Edit Description Table

Section 6.2 contains the list of all edits

6.2 Edit Descriptions and Reason for Edit Generation Table

Edit	Edit Description	Reason for Edit Generation	Version Implemented	Dates Effective	Non OPPS	Disposition
1	Invalid diagnosis code	The principal diagnosis field is blank, there are no diagnoses entered on the claim, or the entered diagnosis code is not valid.	1.0 – present	8/1/00 - present	Yes	RTP
2	Diagnosis and age conflict	The diagnosis code includes an age range, and the age reported is outside that range.	1.0 – present	8/1/00 - present	Yes	RTP
3	Diagnosis and sex conflict	The diagnosis code includes sex designation, and the sex does not match. This edit is bypassed if condition code 45 is present on the claim.	1.0 – present	8/1/00 - present	Yes	RTP
18	Inpatient procedure	A line has a C status indicator and is not on the 'separate procedure' list or A line has a C status indicator and is on the 'separate procedure' list, but there are no type T lines on the same day. All other line items on the same day as the line with a C status indicator are denied (line item denial/rejection flag = 1, APC return buffer) and edit 49 is assigned on all line items. *This is the only edit that can cause one or more days of a multiple-day claim to be denied, or single day claim with all lines denied. No other edits are performed on any lines with edits 18 or 49.	1.0 – present	8/1/00 – present	No	LID

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Edit Description Table

"Reason for Edit Generation" describes the circumstances that trigger the edit:

18	Inpatient procedure	A line has a C status indicator and is not on the 'separate procedure' list or A line has a C status indicator and is on the 'separate procedure' list, but there are no type T lines on the same day. All other line items on the same day as the line with a C status indicator are denied (line item denial/rejection flag = 1, APC return buffer) and edit 49 is assigned on all line items. *This is the only edit that can cause one or more days of a multiple-day claim to be denied, or single day claim with all lines denied. No other edits are performed on any lines with edits 18 or 49.				
49	Service on same day as inpatient procedure	A service is reported on the same day as a C status indicator.	3.0 - present	8/1/00 – present	No	LID

Edit Description Table

Some edits are further explained in Sections 4 and 5 that describe "special processing conditions"

5.6.3 Inpatient Procedure Processing under Comprehensive APCs

Effective January 1, 2016 (v17.0), if an inpatient-only procedure is present with modifier CA for a patient who expires or transfers to another hospital (patient status code is 2, 5, 20, 62, 63, 65, 66, 82, 85, 90, 91, 93 or 94), the inpatient procedure is assigned under a comprehensive APC (SI = J1), and all other services reported on the claim are packaged (SI= N), except for those items excluded under comprehensive APC processing. Excluded items with non-covered SI = B, E, E1, E2, C or M return the standard SI; any edits associated with the non-covered SI are not returned. If modifier CA is reported for an inpatient-only procedure and the discharge status does not indicate the patient expired or transferred, the claim is returned to the provider (edit 70). Additional comprehensive APC procedures (SI = J1 or J2) reported on the same claim as the inpatient-only procedure where the patient expired or transferred are packaged (SI = N). If multiple lines, or one line with multiple units, have SI = C and modifier CA, generate edit 60 for all lines with SI = C and modifier CA.

Inpatient-only procedures that are on the separate procedure list are bypassed when performed incidental to a surgical procedure with Status Indicator T, or effective 1/1/2015, if reported on a claim with a comprehensive APC procedure (SI = J1). The line(s) with the inpatient-separate procedure is rejected (edit 45) and the claim is processed per usual OPPS rules.

Effective January 1, 2018 if procedure code 01402 (Anesthesia for TKA) is reported on the same claim as procedure code 27447 (Total Knee Arthroplasty) the SI of 01402 changes from C to N and will always package. If code 01402 is reported with any other procedure without 27447 reported on the same claim, the SI remains its standard SI = C and will process as usual.

Edit Description Table

Each edit has a "Disposition" describing what happens when edit is triggered.

6.2 Edit Descriptions and Reason for Edit Generation Table

Edit	Edit Description	Reason for Edit Generation	Version Implemented	Dates Effective	Non OPPS	Disposition
1	Invalid diagnosis code	The principal diagnosis field is blank, there are no diagnoses entered on the claim, or the entered diagnosis code is not valid.	1.0 – present	8/1/00 - present	Yes	RTP
2	Diagnosis and age conflict	The diagnosis code includes an age range, and the age reported is outside that range.	1.0 – present	8/1/00 - present	Yes	RTP
3	Diagnosis and sex conflict	The diagnosis code includes sex designation, and the sex does not match. This edit is bypassed if condition code 45 is present on the claim.	1.0 – present	8/1/00 - present	Yes	RTP

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Edit Dispositions

- **Claim Rejection** – whole claim rejects, can be corrected and resubmitted, but not appealed
- **Claim Denial** – whole claim denies, cannot be resubmitted, but can be appealed
- **Claim Return to Provider (RTP)** – whole claim returns to provider for correction, can resubmit after correcting
- **Claim Suspension** – whole claim is suspended for further information/decision by the MAC
- **Line Item Rejection** – line rejects, remainder of claim processes for payment, line can be corrected and resubmitted, but not appealed
- **Line Item Denial** – line denies, remainder of claim processes for payment, line cannot be resubmitted, but can be appealed

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Edit Description Table

The table indicates whether edit apply to non-OPPS providers (e.g. CAHs)

6.2 Edit Descriptions and Reason for Edit Generation Table

Edit	Edit Description	Reason for Edit Generation	Version Implemented	Dates Effective	Non OPPS	Disposition
1	Invalid diagnosis code	The principal diagnosis field is blank, there are no diagnoses entered on the claim, or the entered diagnosis code is not valid.	1.0 – present	8/1/00 - present	Yes	RTP
2	Diagnosis and age conflict	The diagnosis code includes an age range, and the age reported is outside that range.	1.0 – present	8/1/00 - present	Yes	RTP
3	Diagnosis and sex conflict	The diagnosis code includes sex designation, and the sex does not match. This edit is bypassed if condition code 45 is present on the claim.	1.0 – present	8/1/00 - present	Yes	RTP
18	Inpatient procedure	A line has a C status indicator and is not on the 'separate procedure' list or A line has a C status indicator and is on the 'separate procedure' list, but there are no type T lines on the same day. All other line items on the same day as the line with a C status indicator are denied (line item denial/rejection flag = 1, APC return buffer) and edit 49 is assigned on all line items. *This is the only edit that can cause one or more days of a multiple-day claim to be denied, or single day claim with all lines denied. No other edits are performed on any lines with edits 18 or 49.	1.0 – present	8/1/00 – present	No	LID

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Edit by Bill Type

Section 6.3 specifies edits by provider and bill type for providers paid under the OPPS (MAC identifies with OPPS Flag =1)

6.3 OCE Edits Applied by OPPS Bill Type Table [OPPS Flag =1]

Provider/Bill Types	Edits Applied (by edit number)	APC b
12x or 14x with condition 41	46	Buffer
12x or 14x without condition code 41	1-9, 11-18, 20-23, 25-28, 35-38, 40-45, 47-50, 52-54, 56-58, 60-79, 81-85, 87, 92, 93, 94, 98, 99, 100, 102, 103, 105	Buffer
13x with condition code 41	1-9, 11-18, 20-23, 25-28, 29-34, 37, 38, 40-45, 47-50, 52, 54, 56-58, 60-62, 65-80, 82–85, 87, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105	Buffer
13x without condition code 41	1-9, 11-18, 20-23, 25-28, 35-38, 40-45, 47-50, 52, 54, 56-58, 60-79, 81, 82-85, 87, 92, 93, 94, 98, 99, 100, 101, 102, 103, 105	Buffer
76x (CMHC)	1-9, 11-13, 15, 18, 20.22, 23, 25, 26, 29-34, 38, 40, 41, 43-45, 47-50,	

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Edit by Bill Type

Section 6.4 specifies edits for providers not paid under the OPPS (MAC identifies with OPPS Flag =2)

6.4 OCE Edits Applied by Non-OPPS Hospital Bill Type Table [OPPS Flag = 2]

Row #	Provider/Bill Types	Edits Applied (by edit number)	APC buffer
1	12X or 14X with condition code 41, and OPPS flag = 2	46,	Buffer not completed
2	12X or 14X without condition code 41, and OPPS flag = 2	1-3, 5, 6, 8, 9, 11, 12, 15, 17,20, 22, 23, 24, 25, 26, 28, 40, 41, 50, 53, 54, 61, 65, 67-69, 72, 83, 94, 103, 106, 107, 108	Buffer not completed
3	13X with condition code 41, and OPPS flag = 2	1-3, 5, 6, 8, 9, 11, 12, 15, 17,20, 22, 23, 24, 25, 26, 28, 40, 41, 50, 54, 61, 65, 67-69, 72, 83, 94, 103, 106, 107, 108	Buffer not completed
4	13X without condition code 41, and OPPS flag = 2	1-3, 5, 6, 8, 9, 11, 12, 15, 17, 20, 22, 23, 24, 25, 26, 28, 40, 41, 50, 54, 61, 65, 67-69, 72, 83, 94, 103, 106, 107, 108	Buffer not completed
5	85X, and OPPS flag = 2 CAH Outpatient	1-3, 5, 6, 8, 9, 11, 12, 15, 20, 22, 23, 24, 25, 26, 28, 40, 41, 50, 54, 61, 65, 67-69, 72, 74, 83, 94, 106, 107, 108	Buffer not completed

Edit 20/40 are the NCCI PTP edits

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Special Processing Conditions

- Section 4 contains special processing conditions related to the NCCI edits applied to both OPPS and non-OPPS providers
- Section 5 contains special processing conditions applied to OPPS providers – important sections include:
  - Multiple medical visits
  - Computing discounts
  - Conditional packaging
  - Comprehensive and Composite APCs
  - Device dependent procedures
  - Blood and blood processing
  - Nuclear medicine and radiology
  - Drugs, biologicals, biosimilars and skin substitutes
  - Preventative services
  - Non-excepted off-campus PBDs (paid under Section 603)

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Example Special Processing Conditions

5.1 Medical Visit Processing

Rules for Medical and Procedure Visits on the Same Day and for Multiple Medical Visits on Same Day:

Under some circumstances, medical visits on the same date as a procedure result in additional payments. Modifier 25 reported with an Evaluation and Management (E&M) code, status indicator V, is used to report a medical visit that takes place on the same date that a procedure with status indicator S or T is performed, but that is significant and separately identifiable from the procedure. However, if any E&M code that occurs on a day with a type "T" or "S" procedure does not have a modifier of 25, then edit 21 applies and the claim is returned to the provider.

If there are multiple E&M codes on the same day, on the same claim, the rules associated with multiple medical visits are shown in the following table.

5.1.1 Multiple Medical Visit Conditions

E&M Code	Revenue Center	Condition Code	Action	Edit
2 or more	Revenue center is different for each E&M code, and all E&M codes have units equal to 1.	Not G0	Assign medical APC to each line item with E&M code	-
2 or more	Two or more E&M codes have the same revenue center **OR** One or more E&M codes with units greater than one had same revenue center	Not G0	Assign medical APC to each line item with E&M code and Return Claim to Provider	42
2 or more	Two or more E&M codes have the same revenue center **OR** one or more E&M codes with units greater than one had same revenue center	G0*	Assign medical APC to each line item with E&M code	-

The condition code G0 specifies that multiple medical visits occurred on the same day with the same revenue center, and that these visits were distinct and constituted independent visits (e.g., two visits to the ER for chest pain, one in the morning and one in the afternoon, and/or two visits to the ER, one in the morning for a fractured arm and one later in the day for chest pain).

Note: For codes with SI of V that are also on the Inherent Bilateral list, condition code 'G0' takes precedence over the bilateral edit to allow multiple medical visits on the same day.

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Some special processing conditions contain algorithms to better explain the processing

5.5.8.1 Multiple Imaging Composite Flowchart

Any Imaging Composite Candidates (ICC) present?
No
Standard APC processing
Yes
ICC with Mod 52 or 73?
Yes
Assign (non-composite) separately payable SI & APC to ICC with Mod 52/73
No
Multiple eligible ICC (w/o 52 or 73) from same family present?
No
Assign (non-composite) separately payable SI & APC to imaging codes
Yes

Assign Multiple Imaging Composite APC
(see multiple imaging composite APC report within the data files for the lists of eligible candidates for each imaging family/composite APC):

For the first code encountered in the composite family – assign the composite APC, SI, PI, packaging flag = 0, composite adjustment flag = (01-xx), discount factor = 1, units output = 1

Effective 4/1/2015 (v16.1), if the units of service are greater than one for the line with the composite APC, assign units of service = 1 and payment adjustment flag = 11.

For all other eligible codes from the same family present – change the SI from Q3 to N, assign packaging flag = 1, same composite adjustment flag

Note: If there are a mix of eligible imaging candidates with & without contrast from the same imaging family, the "with contrast" composite APC is assigned.

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I/OCE Excel Data Files

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Excel Data Files

- I/OCE Quarterly Data File download contains Excel files with lists of codes and applicable edits
  - The number of files varies quarter to quarter
    - Files with no data are not included
    - A change file is included only for files with changes, e.g. "Q_CD_DIFF_HcpcsMap"
  - Generally they use 0 or 1 to indicate if a condition applies
  - Some are simple lists of codes or contain dollar amounts (e.g. for offsets)
- The FileLayout pdf contains an explanation of the columns and indicators included in each file

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Excel Data Files

Examples from the FileLayout pdf

Q_CD_diff_CapcMap.xlsx – contains the list of HCPCS that are comprehensive APC procedure differences for October 2018

Field	Description
ADM	A=Addition D=Deletion M=Modification
HCPCS	HCPCS Code
Rank	Indicates numeric rank order for selection of primary comprehensive APC procedure when multiple comprehensive APC procedures are present
ComplexityAdjustment	Indicates code 1 of a complexity-adjusted comprehensive APC code pair Values: 0 = no complexity adjustment 1 = complexity adjustment applies Blank = no change to code
Version Compared	Valid versions * Refer to the valid version table at end of document
BeginDate	Effective date of "Version Compared"

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Excel Data Files – Example HCPCS Map

Q_CD_HcpcsMap is the broadest file, containing every CPT/HCPCS code and 78 columns of edit information

Q_CD_HcpcsMap

CR12 | 0

	A	B	C	AB	CQ	CR
1	HCPCS	APC	Status Indicator	Description	E99Exclusion	Section603Over
2	C9468	09468	G	Inj, factor ix, Rebinyn	1	
3	J2505	09119	K	Injection, pegfilgrastim 6mg	1	
4	J7175	01857	K	Inj, factor x, (human), 1iu	1	
5	J7178	01478	K	Human fibrinogen conc inj	1	
6	J7179	09059	G	Vonvendi inj 1 iu vwf:rco	1	
7	J7180	01416	K	Factor xiii anti-hem factor	1	
8	J7181	01746	K	Factor xiii recomb a-subunit	1	
9	J7182	01856	K	Factor viii recomb novoeight	1	
10	J7183	01352	K	Wilate injection	1	
11	J7185	01268	K	Xyntha inj	1	

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Excel Data Files – Example Offsets

Q_CD_OffsetApc

A1 | Group

	A	B	C	D	E	F
1	Group	LIST	Procedure APC	Offset Amount	Version	BeginDate
2	RadioPharm	RadioPharm	5591	$48.26	73	Oct 1, 2018
3	RadioPharm	RadioPharm	5592	$88.49	73	Oct 1, 2018
4	RadioPharm	RadioPharm	5593	$321.48	73	Oct 1, 2018
5	RadioPharm	RadioPharm	5594	$256.74	73	Oct 1, 2018
6	Drug/Biological	SkinProduct	5054	$727.73	73	Oct 1, 2018
7	Drug/Biological	SkinProduct	5055	$183.59	73	Oct 1, 2018
8	Drug/Biological	Contrast	5571	$56.01	73	Oct 1, 2018
9	Drug/Biological	Contrast	5572	$61.06	73	Oct 1, 2018
10	Drug/Biological	Contrast	5573	$93.02	73	Oct 1, 2018
11	Drug/Biological	StressAgent	5593	$321.48	73	Oct 1, 2018
12	Drug/Biological	StressAgent	5722	$4.50	73	Oct 1, 2018

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Excel Data Files – "DIFF" file

Q_CD_diff_apcdata - Read-Only

G218 | 73

	ADM	APC	SI	PI	ApcPayment	Description	Version Compared	BeginDate
2	A	09082	G	2	0000000000	Puraply or puraply am	73	Oct 1, 2018
3	A	09083	G	2	0000000000	Inj, phenylephrine ketorolac	73	Oct 1, 2018
4	A	09084	G	2	0000000000	Florbetapir f18	73	Oct 1, 2018
5	A	09085	G	2	0000000000	Inj sulf hexa lipid microsph	73	Oct 1, 2018
6	A	09099	G	2	0000000000	Inj, akynzeo	73	Oct 1, 2018
7	A	09172	G	2	0000000000	Injection, dexamethasone 9%	73	Oct 1, 2018
8	A	09173	K	2	0000000000	Injection, fulphila	72	Jul 1, 2018
9	A	09173	K	2	0000000000	Injection, fulphila	73	Oct 1, 2018
200	M	09070			0000300333	Voretigene neparvovec-rzyl	73	Oct 1, 2018
211	M	09096	G				73	Oct 1, 2018
212	M	09097	G				73	Oct 1, 2018
213	M	09104			0000072569		73	Oct 1, 2018

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What can you find in the I/OCE Excel files?

Items that can be found in the files:

- Separate procedure list for inpatient only bypass
  File Q_CD_HcpcsMap, column AJ
- Device dependent procedures
  File Q_CD_HcpcsMap, column BM
- Device list for device to procedure edits
  File Q_CD_HcpcsMap, column BN
- Edit 99 (drug without administration code) exceptions
  File Q_CD_HcpcsMap, column CQ
- List of CT scan codes subject to CT modifier
  File Q_CD_HcpcsMap, column CA

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What can you find in the I/OCE Excel files?

- List of high and low cost skin substitutes and procedure
  File Q_CD_HcpcsMap, columns BO, BP, BQ, and BR
- Lists of pass-through radiopharmaceuticals, skin products, contrast and stress agents
  File Q_CD_HcpcsMap, columns CI, CJ, CK and CL
- Offsets for pass-through radiopharmaceuticals, skin products, contrast, and stress agents
  File Q_CD_OffsetApc
- Offsets for terminated procedures reported with modifier 73
  File Q_CD_OffsetHcpcs
- Offset applicable for pass through devices
  File Q_CD_OffsetCodepair

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What can you find in the I/OCE Excel files?

Comprehensive APC (C-APC) files:

- The list of codes that trigger a C-APC: Q_CD_CapcMap
  - Column for Rank for purposes of final grouping
  - Column indicating whether a complexity adjustment applies (0= no complexity adjustment, 1=complexity adjustment
- The list of code pairs for assignment of complexity adjustments: Q_CD_CapcPair
  - Column with primary codes with complexity adjustments (e.g., 1 in complexity adjustment column on CapcMap)
  - Column with secondary codes that cause a complexity adjustment for the primary code

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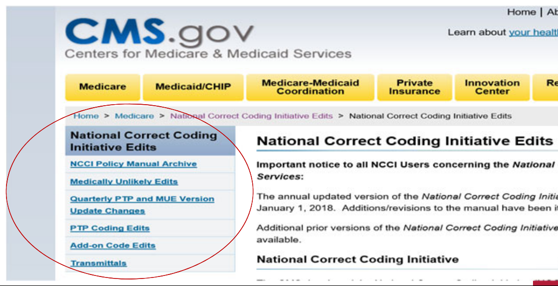
What can't you find in the I/OCE Excel files?

The National Correct Coding Initiative (NCCI) files are found separately on their own website:
https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html



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What can't you find in the I/OCE Excel files?

The NCCI manual is also available on the NCCI website:

- Contains general coding chapter and chapters for each section of the CPT book and the HCPCS book
- Contains very important coding guidance, augmenting the CPT Assistant and Coding Clinic for HCPCS for Medicare reporting situations
- Should be reviewed annually for changes to guidance!
- There is an archive available for prior year's versions

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