

2 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **October 2020, v21.3 R1** release is 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.

Item #	Type	Effective Date	Edits Affected	Modification
1.	Logic	10/01/2020	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 01/01/2014.
2.	Control Block	10/01/2020		Updated the following descriptions of existing fields in the IOCE Control Block to: NPIptr : National Provider Identifier (NPI) CCNptr : CMS Certification Number (CCN); formerly known as OSCAR number
3.	Logic	01/01/2014		Implement the following bill types to be applicable to IOCE editing and logic processing under OPSS flag value "2" (Non-OPSS): 22x, 23x, 32x, 34x, 43x, 71x, 72x, 74x, 75x, 77x, 78x, 81x, 82x Please see the Edits by bill type tables to see what bill types are acceptable for the OPSS flag = 2 (Non-OPSS).
4.	Logic	01/01/2014		Remove bill type 33x as a valid bill type within the IOCE versioning as it exceeds the 7 years' worth of programs contained in the current software. Bill Type 33x was officially deleted effective October 1, 2013.
5.	Logic	01/01/2014	13	Remove edit 13 from the following bill types: 22x, 23x, 34x, 74x, 75x
6.	Logic	01/01/2014	8	Apply edit 8 to FQHC Bill Type 77x
7.	Logic	10/01/2020		Discontinue the processing of Condition Code 65 for FQHC claims; all claims submitted with bill type 77x are processed under the FQHC PPS logic. Refer to the FQHC Processing Under FQHC PPS for additional reference.
8.	Logic	10/01/2019	113	Implement new edit 113 (Supplementary or additional code not allowed as principal diagnosis) to be returned if a diagnosis from the unacceptable principal diagnosis list is reported as the principal diagnosis on a claim. The unacceptable principal diagnosis list is defined by the Medicare Code Editor (MCE) but there are some exclusions to the MCE list due to current OPSS coding requirements and guidelines. Any diagnosis code flagged as being an exclusion to the Unacceptable Principal Diagnosis list does not return edit 113. Refer to the Data Table Report; Data_DX10 to reference the list of diagnosis codes applicable to the MCE Unacceptable principal diagnosis list and to reference the diagnosis codes that are exclusions due to current OPSS coding requirements.
9.	Logic	03/18/2020	114	Implement new edit 114 (Item or service not allowed with modifier CS) to be returned if an item or service is reported with modifier CS and is not eligible for a coinsurance and deductible waiver. Refer to the DATA_HCPCS table and column named coinsurance_deductible_waiver_eligible for the list of services that are appropriate to report with modifier CS.
10.	Logic	10/01/2020	22	Add the following modifiers to the Valid Modifiers list: J5: Dmepos comp bid fur by pt/ot V4: Demonstration modifier 4
11.	Logic	10/01/2020	1 , 2 , 3 , 5 , 86	Update diagnosis code editing for validity, age, gender and manifestation based on the FY 2021 ICD-10-CM code revisions to the Medicare Code Editor (MCE).
12.	Logic	10/01/2020	29 , 109	Update the mental health diagnosis list and Code First diagnosis list based on the FY 2021 ICD-10-CM code revisions.
13.	Logic	10/01/2020	68	Apply mid-quarter 68 (NCD) for the following HCPCS codes: 99458: 03/01/2020 0202U: 05/20/2020 87426: 06/25/2020 0223U: 06/25/2020 0224U: 06/25/2020 0225U: 08/10/2020 0226U: 08/10/2020 86408: 08/10/2020 86409: 08/10/2020 86413: 09/08/2020 99072: 09/08/2020
14.	Logic	10/01/2020	110	Apply mid-quarter edit 110 (Initial Marketing Date) for HCPCS codes: Q5121: 07/06/2020 Q5112: 04/15/2020

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15.	Documentation	10/01/2020		Restructured the Edits by Bill Type Tables to be consistent with edits returned under each bill type within the current versioning of the IOCE. All historic edits that have fallen out of the scope of current IOCE versioning can be referenced in previously published specifications or can be referred to in the Edit description and reason for generation table . IOCE Edits Applied by OPSS Hospital Bill Type Table [OPSS Flag =1] IOCE Edits Applied by Non-OPSS Hospital Bill Type Table [OPSS Flag =2]
16.	Documentation	10/01/2020	10 , 23 , 24	Edits 10,23, and 24 are IOCE program edits and are applicable to being returned for all bill types under the IOCE. To reflect this, these three edits are added to each bill type and bill type logic setting within the edits by bill type tables for both OPSS and Non-OPSS [OPSS flag 1 and 2].
17.	Documentation	10/01/2020		Updated the Home Health and Hospice Processing logic sections to separate them from each other and provide more detail on the current processing logic applicable to both bill types. No logic changes are being applied.
18.	Documentation	10/01/2020		Updated the Edit Description and Reason for Edit Generation Table by shading and italicizing edits that have fallen out of scope of the most current version of the IOCE. Edits that are deactivated but still in scope of the versioning (7 years) are noted by shading only. Edits that are now applicable to both the OPSS and Non-OPSS flag setting due to the implementation of the specified bill types in item 2 are appropriately updated in the table.
19.	Content	10/01/2020		Make all HCPCS/APC/SI changes as specified by CMS. Updates were made to the following HCPCS lists: MAP_ADDON_TYPEI <ul style="list-style-type: none"> Addon Type I procedures (edit 106) DATA_CAPC <ul style="list-style-type: none"> Comprehensive APC list (updated list and rank) OFFSET_HCPCS <ul style="list-style-type: none"> Terminated Device Procedures for offset APC OFFSET_CODEPAIRS <ul style="list-style-type: none"> Device Offset Code Pairs (code pair updates for pass-through device offset) DATA_HCPCS <ul style="list-style-type: none"> Device-Dependent Procedure list (edit 92) Terminated Device Procedure list Edit 92 Modifier Bypass list Device list FQHC non-covered list Low and High Cost Skin Substitute list (edit 87) Pass-Through Radiopharmaceutical HCPCS Pass-Through Contrast HCPCS Pass-Through Skin Product HCPCS Non-covered services lists (SI = E1, edits 9) Non-reportable for OPSS list (SI = B, edit 62) Separate payment by Medicare not provided (SI = E2, edit 13) Service billable only to DMERC (SI=Y, edit 61) Procedure and Sex Conflict (edit 8)
20.	Data Table Reports	10/01/2020		The following Data Table Report(s) are updated to include new fields: Data_DX10 <ul style="list-style-type: none"> UNACCEPTABLE_PDX UNACCEPTABLE_PDX_EXCLUSION DATA_HCPCS <ul style="list-style-type: none"> COINSURANCE_DEDUCTIBLE_WAIVER_ELIGIBLE Please review the File Layout document for the descriptions of all Data Table Reports and associated fields and field values.
21.	Content	10/01/2020	20 , 40	Implement version 26.3 of the NCCI (as modified for applicable outpatient institutional providers).
22.	Other	10/01/2020		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.
23.	Other	10/01/2020		Deliver quarterly software update and all related documentation and files to users via electronic download.