

Summary of Quarterly Release Modifications

The modifications of the IOCE for the January 2016 v17.0 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	Documentation	1/1/2016		Move the former Appendix O (Summary of Modifications) to the beginning of the specification document and rename to "Summary of Quarterly Release Modifications"; rename Appendix P (Code Lists) to Appendix O.
2	Interface	1/1/2016		Add Payer Value Code with Payer Value Code amount field to the Claim Return Buffer (see Table 5).
3	Logic	1/1/2016		Implement new program logic for pass-through device offset amount passed to Pricer by way of Payer Value Code with Payer Value Code Amount field in the Claim Return Buffer (Table 5). Assign new payment adjustment flag values to identify pass-through devices (see OPPS special processing logic, Table 5, 7 and Appendix G).
4	Logic	1/1/2016		Update comprehensive APC program logic to add new Comprehensive Observation C-APC 8011, and SI = J2 (see OPPS special processing logic and Appendix L); add new flowchart for Comprehensive Observation APC logic.
5	Logic	1/1/2016		Update the program logic for processing inpatient procedures when the patient expires to be assigned under comprehensive APCs (see OPPS special processing logic and Appendix L).
6	Logic	1/1/2016		Add new program logic to exclude SRS (stereotactic radiosurgery) planning and preparation services from packaging under C-APCs if present on the same claim as the C-APC for SRS (see OPPS special processing logic and Appendix L).
7	Logic	1/1/2016		Update the Critical care ancillary packaging to remove the exception when ancillary services are reported with modifier 59 as not applicable under C-APCs (see OPPS special processing logic).
8	Logic	1/1/2016		Add program logic for processing Advance Care Planning services for payment by either the Medicare Physician Fee Schedule (SI = A) or by APC through conditional packaging (SI = Q1) (see OPPS special processing logic).
9	Logic	1/1/2016		Add program logic for conditionally packaged laboratory services with new SI = Q4 (see OPPS special processing logic).
10	Logic	1/1/2016		Add program logic for certain CT scan codes reported with modifier CT that do not meet NEMA equipment standards; pass new payment adjustment flag 14 (see OPPS special processing logic, Appendix G and Appendix K).
11	Logic	1/1/2016		Update Appendix K to note the deactivation of composite APC 8009; add reference to Comprehensive Observation APC for direct referral logic.
12	Logic	1/1/2016		Implement new Status Indicators (see Table 7): J2: Hospital Part B services that may be paid through a comprehensive APC Q4: Conditionally packaged laboratory services
13	Logic	1/1/2016		Implement new Payment Adjustment Flag values (see Table 7 and Appendix G): 12: Offset for device pass-through 13: Offset for additional device pass-through 14: PAMA Section 218 reduction on CT scan
14	Logic	1/1/2016		Implement new Payment Indicator values (see Table 7): 14: Grandfathered tribal FQHC encounter payment
15	Logic	1/1/2016	93	Implement new edit 93 (Corneal tissue processing reported without cornea transplant procedure) (see Table 4). Edit criteria: Corneal tissue processing HCPCS (V2785) is reported and there is no corneal transplant procedure present for the same service date (LIR).

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16	Logic	1/1/2016	94	Implement new edit 94 (Biosimilar HCPCS reported without biosimilar modifier) (see Table 4), for both OPPS and non-OPPS claims. Edit criteria: A biosimilar HCPCS code is reported on the claim without its corresponding biosimilar manufacturing modifier (RTP).
17	Logic	10/1/2015	2	Remove the age edit restriction for ICD-10 diagnosis codes F930, F938, F939, F941-F949, F9821, F9829, F983, F988, and F989.
18	Logic	1/1/2016	8	Updates to the male and female sex restriction edit for new procedure codes.
19	Logic	1/1/2016	22	New modifiers: CP: C-APC adjunctive service CT: CT does not meet NEMA standards ZA: Novartis/Sandoz
20	Logic and Documentation	1/1/2016		Update program logic and documentation for any references to APC values that now reflect new APC values due to restructure of APC groups (e.g. PHP logic, Mental Health composite).
21	Logic	1/1/2016		Update FQHC program logic for Grandfathered Tribal FQHC encounters (see special processing conditions for FQHC claims and Appendix M).
22	Logic	1/1/2016		Update FQHC program logic for separate payment of Chronic Care Management services (see special processing conditions for FQHC claims and Appendix M).
23	Logic	1/1/2016		Update FQHC program logic for Advance Care Planning services; treat as qualifying visit code or packaged preventive service (see special processing conditions for FQHC claims and Appendix M).
24	Logic	1/1/2016	67	Update mid-quarter FDA effective dates for the following codes: - 90621: 10/29/2014 - 90620: 01/23/2015
25	Logic	6/2/2014	68	Update the SI assignment for HCPCS G0472 to SI = A, effective with the mid-quarter NCD edit already in place.
26	Logic	1/1/2016	68	Implement mid-quarter NCD effective dates for the following codes: - G0296: 02/05/2015 - G0297: 02/05/2015 - G0476: 07/09/2015 - 90630: 08/01/2015
27	Content	1/1/2016		Update the following lists for the release (see quarterly data files): - Comprehensive APCs (C-APC list, ranking, exclusions, complexity-adjusted code pairs) - Skin substitute products (edit 87, Appendix O) - Conditionally STV-packaged and T-packaged - Deductible/Coinsurance N/A - Inpatient Only procedures (edit 18) - Device and Device-Procedures (edit 92) - Lab Services (conditional packaging) - FQHC (preventive services, flu/PPV vaccine, non-covered and qualifying visit pairs) - Cornea transplant procedures (new edit 93) - CT Scan not meeting NEMA standard (new, payment adjustment flag 14) - Device Offset (new, payment adjustment flag 12, 13) - SRS planning and preparation codes (new C-APC logic) - ICD-10 diagnosis age edit restrictions (edit 2) - Procedure and sex conflict edit restrictions (edit 8)
28	Documentation	1/1/2016	57	Update the edit description to remove the reference to 'Composite'.
29	Content	1/1/2016		Make all HCPCS/APC/SI changes as specified by CMS (quarterly data files).
30	Content	1/1/2016	20, 40	Implement version 22.0 of the NCCI (as modified for applicable outpatient institutional providers).
31	Other	1/1/2016		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.
32	Other	1/1/2016		Deliver quarterly software update and all related documentation and files to users via electronic means.

