

PC-ACE Pro32

Release Newsletter

Version 2.20
Professional Change Summary

April 2010

We are pleased to announce the release of PC-ACE Pro32 version 2.20. This upgrade contains several CMS Medicare Mandates and product enhancements effective 4/1/2010, including these highlighted changes:

ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 2.20 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

CMS MEDICARE MANDATES

CR 6840 – Healthcare Provider Taxonomy Codes (HPTC) Update April 2010

◆ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. Codes Added: 1 ; Codes Deleted/Terminated: 0 ; Codes Modified: 1. The new code is: "344800000X - Transportation Services : Air Carrier". The modified code is: 2080P0201X.

CR 6676 – Implementation of the Updated HIPAA 00510 837 Institutional (837i) Edits and 005010 837 Professional (837p) Edits

◆ SDI will implement 005010 claim edits to insure implementation guide compliance, and will review and implement Medicare business edits where practical and beneficial to the provider community.

CR6589 – HIPAA Version 5010 for Transaction 835 - Health Care Claim Payment / Advice and Updated Standard Paper Remit

◆ SDI will implement changes to support 5010 requirements over a period of several quarters beginning in the Q2 2009.

ADDITIONAL CMS MANDATED CHANGES

CR6723 - Claim Status Category Code and Claim Status Code Update

◆ Changes described in this mandate were included in a previous release.

CR6775 - Outpatient Intravenous Insulin Treatment (Therapy)

◆ Added a new HCPCS code effective 12/23/2009, G9147 – OIVIT

CR6857 - April 2010 Update of the Hospital Outpatient Prospective Payment System (OPPS)

◆ Added the following HCPCS codes (eff 4/1/2010):

- C9258 - INJECTION, TELAVANCIN, 10 MG
- C9259 - INJECTION, PRALATREXATE, 1 MG
- C9260 - INJECTION, OFATUMUMAB, 10 MG
- C9261 - INJECTION, USTEKINUMAB, 1 MG
- C9262 - FLUDARABINE PHOSPHATE, OR, 1MG

- C9263 - INJECTION, ECALLANTIDE, 1 MG
- G0432 - INFECT ANTIGEN DETECT, EIA
- G0433 - INFECT ANTIGEN DETECT, ELISA
- G0435 - INFECT ANTIGEN DETECT, RAPID"

CR6783 - Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 5010 Acknowledgements Instructions

◆ SDI will implement changes to support 5010 requirements over a period of several quarters beginning in the Q2 2009.

CR6841 - July 2010 Update to the CMS Standard File for Reason Codes for the Fiscal Intermediary Shared System (FISS)

◆ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 1. The new codes are: "233 - Services/charges related to the treatment of a hospital-acquired condition or preventable medical error." and "234 - This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)". The modified code is: 40.

CR6775 - Outpatient Intravenous Insulin Treatment (Therapy)

◆ Modified the effective date for HCPCS G9147 from 4/5/2010 to 12/23/2009

CR6812 - HCPCS Codes Subject to and Excluded from CLIA Edits

◆ Added CLIA entries to the professional claim attachment trigger file for HCPCS codes: G0430, G0431, 84145, 84431, 86305, 86352, 86780, 86825, 86826, 87150, 87153, 87493, 88387 and 88388

CR6715 - Pharmacogenomic Testing for Warfarin Response

Added several new professional claim edits to enforce billing rules for warfarin responsiveness testing by genetic technique (effective 8/3/2009).

◆ Added a professional claim edit to insure that Warfarin testing HCPCS code G9143 is always billed with Modifier 'Q0'.

◆ Added a professional claim edit to insure that Diagnosis Code V707 is present on claims which include Warfarin testing HCPCS code G9143 (billed with Modifier 'Q0').

January 2010 HCPCS Update (Source – CMS Website)

◆ Added the following HCPCS codes (effective 1/1/2010):

- G0428 - INPT TELEHEALTH CONSULT 80M
 - G0429 - INPT TELEHEALTH CONSULT 110M
- ◆ Modified the descriptions for the following HCPCS codes:
- G0425 - INPT TELEHEALTH CONSULT 20M
 - G0426 - INPT TELEHEALTH CONSULT 40M
 - G0427 - INPT TELEHEALTH CONSULT 55M

April 2010 HCPCS Update (Source – CMS Website)

◆ Modified the description for the following HCPCS modifiers:

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- **GA** - REQUIRED LIABILITY NOTICE
- **GX** - VOLUNTARY LIABILITY NOTICE
- **RA** - REPLACEMENT ITEM
- **RB** - REPLACEMENT PART OF ITEM

Category III Codes Update (Source – CMS Website)

♣ Added new HCPCS codes effective 7/1/2010:

- 0223T** - ACOUSTIC/ELECTR CARDGRPHY
- 0224T** - ACSTIC/ELEC CARDGRPHY AV/VV
- 0225T** - ACSTIC/ELEC CARDGRPHY AV+VV
- 0226T** - ANOSC HIGH RESOL DX+COLL
- 0227T** - ANOSC HIGH RESOL DX W/BX
- 0228T** - US TFRML EDRL INK CRV/T 1LVL
- 0229T** - US TFRML EDRL INJ CRV/T +LVL
- 0230T** - US TFRML EDRL INJ L/S 1LVL
- 0231T** - US FRMTL EDRL INJ L/S 1LVL
- 0232T** - INJ PLSM IMG GUID HRVSTG&PREP
- 0233T** - SKN AGE MEAS SPCTRSCP

Claim Status Response Codes Reference File Update

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Category Codes Added: 1 ; Status Codes Added: 31; Codes Deleted/Terminated: 0 ; Status Codes Modified: 107. The new category code is: "E3 - Correction required - relational fields in error.". The new status codes are: "703 - Advanced Billing Concepts (ABC) code", "704 - Claim Note Text", "705 - Repriced Allowed Amount", "706 - Repriced Approved Amount", "707 - Repriced Approved Ambulatory Patient Group Amount", "708 - Repriced Approved Revenue Code", "709 - Repriced Approved Service Unit Count", "710 - Line Adjudication Information. Note: At least one other status code is required to identify the data element in error.", "711 - Stretcher purpose", "712 - Obstetric Additional Units", "713 - Patient Condition Description", "714 - Care Plan Oversight Number", "715 - Acute Manifestation Date", "716 - Repriced Approved DRG Code", "717 - This claim has been split for processing.", "718 - Claim/service not submitted within the required timeframe (timely filing).", "719 - NUBC Occurrence Code(s)", "720 - NUBC Occurrence Code Date(s)", "721 - NUBC Occurrence Span Code(s)", "722 - NUBC Occurrence Span Code Date(s)", "723 - Drug days supply", "724 - Drug dosage", "725 - NUBC Value Code(s)", "726 - NUBC Value Code Amount(s)", "727 - Accident date", "728 - Accident state", "729 - Accident description", "730 - Accident cause", "731 - Measurement value/test result", "732 - Information submitted inconsistent with billing guidelines. **Note:** At least one other status code is required to identify the inconsistent information.", and "733 - Prefix for entity's contract/member number.". The modified status codes are: 16, 17, 18, 19, 23, 24, 25, 26, 73, 85, 88, 89, 90, 91, 92, 93, 94, 96, 97, 106, 109, 114, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 153, 155, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 170, 173, 174, 175, 176, 182, 183, 387, 395, 466, 467, 470, 478, 487, 491, 496, 499, 500, 501, 502, 503, 504, 505, 506, 508, 514, 560, 561, 562, 563, 635, 663, 676, 677, 680, 689, and 695.

Remittance Advice Remark Codes Reference File Update

♣ Updated the Remittance Remarks Codes reference file with the latest WPC published code set. Codes Added: 10 ; Codes Deleted/Terminated: 0 ; Codes Modified: 2. The new codes are: "N523 - The limitation on outlier payments defined by this payer for this service period has been met. The outlier payment otherwise applicable to this claim has not been paid.", "N524 -

Based on policy this payment constitutes payment in full.", "N525 - These services are not covered when performed within the global period of another service.", "N526 - Not qualified for recovery based on employer size.", "N527 - We processed this claim as the primary payer prior to receiving the recovery demand.", "N528 - Patient is entitled to benefits for Institutional Services.", "N529 - Patient is entitled to benefits for Professional Services.", "N530 - Our records indicate a mismatch in enrollment information for this patient.", "N531 - Not qualified for recovery based on direct payment of premium.", and "N532 - Not qualified for recovery based on disability and working status.". The modified codes are: N216 and N522.

Professional Claim - Ambulance Drop-Off Location

♣ Modified the Professional claim form to add the Ambulance Drop-Off "Location" field to the Ambulance (AMB) attachment tab. This field populates the Ambulance Drop-Off Location Name (NM103/2310F ; NM103/2420H) element in the ANSI-837 (005010) transmission file. This element was overlooked in the original 5010 implementation. Modify the Professional Claim Import Module, the Professional Claim Prepare Module and the Professional Claim Print Module to support this new field.

INSTALLING THE UPGRADE

Perform a full PC-ACE Pro32 database backup before installing the upgrade. To install the upgrade, run the attached PCACEUP.EXE file using Windows Explorer or equivalent, and follow the simple upgrade wizard steps. When prompted, enter the upgrade password provided by your software supplier. For networked instructions, it is recommended (but not required) that the update be run from the server's console.

IMPORTANT: The recommended database backup is for safety purposes only, and should NOT be restored after successfully installing the update. The update program preserves all existing claims and reference file settings.