

# PC-ACE PRO32

Release Newsletter

Version 2.12

April 2009

## Institutional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 2.12. This upgrade contains several CMS Medicare Mandates and product enhancements effective 4/1/2009, including these highlighted changes:

◆ **Support of the 5010 Version of the ANSI Transactions: 837, 997/999, and 835 for In-House and Selected Provider Testing** – PC-AC Pro32 has been enhanced to support in-house distributor and selected provider testing of the upcoming 005010 version transactions. A complete list of product changes will be made available to distributors in a separate document to facilitate 5010 testing activities.

### ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 2.12 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

### CMS MEDICARE MANDATES

#### CR 6271, CR 6034, and CR 6059 – Support for 5010 ANSI Transactions

Enhanced PC-ACE Pro32 to support changes mandated by the new Institutional ANSI-837 Health Care Claim Implementation Guide (ASC X12N/005010X223). This new functionality is limited to in-house distributor and selected provider testing during the transition from the 4010A1 release to the 5010 release. Providers will continue to use PC-ACE Pro32 normally to produce 4010A1 output files. The following 5010 related changes are relevant to providers using this PC-ACE Pro32 release:

♣ The discrete "days" fields (Covered, Non-Covered, Coinsurance and Lifetime Reserve) have been removed from the Institutional Claim Form. These "days" values must now be reported as Value Codes "80" (covered), "81" (non-covered), "82" (coinsurance), and "83" (lifetime reserve), respectively. The new Value Codes have been added to the standard Condition/Occurrence/Span/Value Codes reference file.

♣ The payer-level "Extended Authorization / IDE Information (34 Record)" control group has been redesigned to eliminate the three subtabs and to delete the obsolete "Type", "Rev Code" and "Treatment Authorization Period" fields. Only the three "IDE Number" fields remain. This redesigned control group has been renamed to "Investigational Device Exemption (IDE) Numbers".

♣ The various ANSI Version fields on the Submitter record have been widened to accept complete version and addenda specifications. The currently valid ANSI versions are "004010A1", "005010", and for some transactions "005010A1". The product no longer supports the original 004010 version (pre-addenda). Users are prohibited by fatal edits from selecting the 5010 options at this time (requires distributor authorization).

♣ Numerous new fields have been added to the Institutional Claim Form in order to support the 5010 release. While the 4010A1 version is still the standard, these fields should simply be ignored by users. The existence of these additional fields should not complicate the user's ability to bill claims. New claim-level fields include:

- Other Diagnosis Codes 18 thru 24
- Other Procedure Codes/Dates 6 thru 24
- External Cause of Injury Codes 4 thru 12
- Other Operating Provider
- Rendering Provider, Referring Provider
- EPSDT Referral

New line-level fields include:

- Line Item Control Number
- Procedure Code Description
- Prescription Number Type
- Service Tax
- Facility Tax
- Operating Provider
- Other Operating Provider
- Rendering Provider
- Referring Provider
- Line Supplemental Information (PWK)
- Remaining Amount Owed (for COB use)

♣ New codes have been added, and existing codes deleted, from numerous indicator and qualifier type fields throughout the product. These changes are reflected in the various lookup lists, with notations like "(4010 only)" added where appropriate. Users will eventually need to be educated on these changes where applicable. Code enforcement is performed by system edits based on the ANSI version setting established in the Submitter reference file. This prevents users from inadvertently selecting 5010-only codes on a claim to be prepared in 4010A1 format.

♣ Numerous legacy fields have been removed from the Institutional Claim Form, the Patient Information form, the Payer Information form, and the Institutional Submitter Information form. The information held in these obsolete fields was not used in the production of ANSI/X12 compliant output files.

#### CR 6325 - Claim Status Category Code and Claim Status Code Update

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 6. The new status codes are: "693 - Amount must be greater than or equal to zero.", "694 - Amount must not be equal to zero.", "695 - Entity's Country Subdivision Code." and "696 - Claim Adjustment Group Code." The modified category codes are: D0, P3 and P4. The modified status codes are: 104, 107 and 402.

#### CR 6336 – Remittance Advice Remark and Claims Adjustment Reason Codes

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▲ Updated the Remittance Remarks Codes reference file with the latest WPC published code set. Codes Added: 3 ; Codes Deleted/Terminated: 0 ; Codes Modified: 5. The new codes are: "N516 - Records indicate a mismatch between the submitted NPI and EIN.", "N517 - Resubmit a new claim with the requested information." and "N518 - No separate payment for accessories when furnished for use with oxygen equipment." The modified codes are: MA46, M6, N109, N387 and N515.

## ADDITIONAL CMS MANDATED CHANGES

### CR 6296 - Payment for Repair, Maintenance and Servicing of Oxygen Equipment as a Result of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008

▲ Added an Institutional claim edit prohibiting the use of HCPCS code E1340 on Medicare claims after 3/31/2009

### 2009 Corrections (Included on the Updated File – Source: CMS Website)

▲ New HCPCS codes effective 1/1/2009:

- **D0417** - COLLECT & PREP SALIVA SAMPLE
- **D0418** - ANALYSIS OF SALIVA SAMPLE
- **D3222** - PART PULP FOR APEXOGENSIS
- **D5991** - TOPICAL MEDICAMENT CARRIER

▲ Modified descriptions effective 1/1/2009:

- **D1203** - TOPICAL APP FLUORIDE CHILD
- **D1204** - TOPICAL APP FLUORIDE ADULT
- **D3310** - END THXPY, ANTERIOR TOOTH
- **D3320** - END THXPY, BICUSPID TOOTH
- **D3330** - END THXPY, MOLAR

▲ Terminated HCPCS code, **G0394**, effective 12/31/2008.

### Other Codes, April 2009 (Source: CMS Website)

▲ New HCPCS codes effective 4/1/2009:

- **K0739** - REPAIR/SVC DME NON-OXYGEN EQ
- **K0740** - REPAIR/SVC OXYGEN EQUIPMENT
- **S3865** - COMP GENET TEST HYP CARDIOMY
- **S3866** - SPEC GENE TEST HYP CARDIOMY
- **S3870** - CGH TEST DEVELOPMENTAL DELAY

▲ Terminated HCPCS code, **S8190**, effective 3/31/2009

### Updated Category II HCPCS Codes (Source – AMA Website)

▲ New code effective 1/1/2009:

- **4276F** - POTENT ANTIVIR THXPY RXD

### Updated Category I HCPCS Codes (Source – AMA Website)

▲ New code effective 7/1/2009:

- **90670** - PNEUMOCOCCAL VACC, 13 VAL IM

## MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE

### Claim Adjustment Reason Code Reference File Update – Source: WPC Published Code Set

▲ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 3. The new codes are: "229 - Partial charge amount not considered by Medicare due to the initial claim Type of Bill being 12X." and "230 - No available or correlating CPT/HCPCS code to describe this

service. Note: Used only by Property and Casualty." The modified codes are: 60, 156 and 187.

## GENERAL PRODUCT ENHANCEMENTS

### Removal of Institutional Medical Attachments Module

▲ Removed the Institutional Medical Attachments module from the product. PC-ACE Pro32 customers have not used this legacy module since soon after the ANSI-837 format was introduced. All references to this module have been removed from the product Help and miscellaneous documentation.

### Support for NPI in Plan of Care (485/486) Module

▲ Modified the Home Health Plan of Care Form (485/486) to retrieve the NPI, when available, on provider and physician lookups. Previously, the legacy ID was retrieved by default in both situations. Modified the Plan of Care print routine to properly identify the physician's identification number (i.e., NPI, UPIN, or ID) based on format.

## 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.

## ATTENTION USERS

Numerous database structural changes have been made in this release in support of the upcoming ANSI version 005010 implementation. The database update phase of the quarterly update process may take significantly longer than usual to complete. This is especially true for sites with a large number of claims in the database or numerous claim archives. Please be patient and allow the update to complete. **It is important that you do NOT interrupt the update process.** Doing so may render your databases unusable. While it is always recommended that you perform a safety backup prior to applying any update, that recommendation is especially relevant this quarter. Note: Do not restore the safety backup after successfully applying the program update. Doing so will render your installation unusable. The update program preserves all claim and reference file data. The safety backup is an insurance policy, which is only to be used in the event the update is unsuccessful.