

PC-ACE PRO32

Release Newsletter

Version 2.12
Professional Change Summary

April 2009

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 the highlighted change:

◆ **Claim Status Category Code and Remittance Advice Remark Code Updates** – Updated the Claim Status Category Code and Remittance Advice Remark Code files with the latest WPC published code set

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

Preliminary Changes In Support of the 5010 Version of the ANSI Transactions

Made several preliminary changes in anticipation of the new Professional ANSI-837 Health Care Claim Implementation Guide (ASC X12N/005010X222) enhancements to be included in the July 2009 quarterly release.

◆ 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.

◆ 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.

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

◆ Production of claim transmission files in the legacy NSF 3.01 flat file format is no longer supported. This change is evident in several places throughout the product. Note: Claim import from NSF files is still supported.

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

◆ 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.

CR 6336 – Remittance Advice Remark and Claims Adjustment Reason Codes

◆ 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 6356 - HCPCS Codes Subject to and Excluded from CLIA Edits

◆ Modified the Professional Trigger attachment control file to require a CLIA number if the claim contains one of the following HCPCS codes: 83876, 83951, 85397, or 87905.

Correct Coding Initiatives (CCI) Edits

◆ Installed the April 2009 quarterly Correct Coding Initiative (CCI) edit update for Professional claims. The CMS developed the CCI edits to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The purpose of the CCI edits is to ensure the most comprehensive groups of codes are billed rather than the component parts. Additionally, CCI edits check for mutually exclusive code pairs. Note: PC-ACE Pro32 distributors decide whether or not to activate CCI edits in their builds. As such, these edits may not be available on all PC-ACE Pro32 installations.

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

- ♣ Modified the Professional Roster Billing Module to add HCPCS code 90670 to the Pneumococcal Vaccine procedure code fixed-lookup list.

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.

CORRECTIONS TO CUSTOMER REPORTED PROBLEMS

Transportation Services Primary Diagnosis Exemption

- ♣ Modified a professional claim edit which enforces the requirement rules for the primary diagnosis code such that it is no longer required for transportation service providers (e.g., ambulance, taxi). These providers are identified by Taxonomy codes beginning with "34" as setup for the claim's billing provider in the Professional Provider reference file.

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.