

# PC-ACE PRO32

Release Newsletter

Version 2.13  
Institutional Change Summary

July 2009

We are pleased to announce the release of PC-ACE Pro32 version 2.13. This upgrade contains several CMS Medicare Mandates and product enhancements effective 7/1/2009, including these highlighted changes:

◆ **CR6426 – Instructions on Utilizing the 837 Institutional CAS Segments for MSP Part A Claims** – Edit added to prohibit use of CARC 225

## ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 2.13 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

## CMS MEDICARE MANDATES

**CR 6426 – Instructions on Utilizing the 837 Institutional CAS Segments for MSP Part A Claims**

▲ Added an institutional claim edit prohibiting the use of CARC 225 on Medicare claims

**CR 6477 - Addition/Deletion of HCPCS Codes -- Quarterly Update**

▲ Added the following HCPCS codes (effective 7/1/2009):

- **Q4115** - ALLOSKIN SKIN SUB
- **Q4116** - ALLODERM SKIN SUB
- **Q2023** - XYNTHA, INJ

Added the following HCPCS modifiers (effective 7/1/2009):

- **PA** - SURGERY, WRONG BODY PART
- **PB** - SURGERY, WRONG PATIENT
- **PC** - WRONG SURGERY ON PATIENT
- **PI** - PET TUMOR INIT TX STRAT
- **PS** - PET TUMOR SUBSQ TX STRATEGY

## ADDITIONAL CMS MANDATED CHANGES

**CR 6413 - April 2009 Integrated Outpatient Editor (I/OCE) Specifications Version 10.1**

▲ Terminated HCPCS code "**0085T** - BREATH TEST HEART REJECT" effective 12/7/2008.

▲ Added HCPCS modifier "**K8**" effective 4/1/2009

▲ Added a new Revenue Code "**0392** - BLOOD STORAGE"

▲ Modified several institutional claim edits enforcing blood-handling rules to include Revenue Code 0392, as appropriate.

**CR 6431 - Billing Routine Cost of Clinical Trials**

▲ Added an institutional claim edit requiring that diagnosis Code V70.7 be present when HCPCS modifiers 'Q1' or 'QV' are present on Medicare claims with service dates on or after 1/1/2008. This edit is effective 7/10/2009.

**CR 6419 - Surgery for Diabetes**

▲ Added an institutional claim edit which disallows Medicare inpatient (TOB = 11x) bariatric surgeries for patients with a BMI < 35. This edit is effective for discharges on or after February 12, 2009. These claims are identified by the presence of one or more of the covered ICD-9 procedure codes (43.89, 44.38, 44.39, 44.95, 45.51 or 45.91), a primary diagnosis of 278.01, and a secondary diagnosis indicating T2DM (250.00, 250.02, 250.10, 250.12, 250.20, 250.22, 250.30, 250.32, 250.40, 250.42, 250.50, 250.52, 250.60, 250.62, 250.70, 250.72, 250.80, 250.82, 250.90 or 250.92), but do NOT contain one of the ICD-9 diagnosis codes indicating a BMI ≥ 35 (V85.35, V85.36, V85.37, V85.38, V85.39 or V85.4).

**CR 6385 - New Patient Discharge Status Code 21 to Define Discharges or Transfers to Court/Law Enforcement**

▲ Added the new patient discharge status code "21 - Discharged/transferred to Court/Law Enforcement" valid for claims with discharge dates on or after 10/1/2009

**CR 6440 - Additional Data Collection on Hospice Claims**

▲ Modified an existing institutional claim edit to allow Revenue Codes 042x, 043x, 044x and 0569 to be billed on Hospice claims (TOBs 81x, 82x) with service dates on or after 10/1/2009. Additional changes per this mandate will be forthcoming in a future release.

**CR 6411 - Implementation of Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Part B Shared System Change**

▲ SDI will implement changes to support 5010 requirements over a period of several quarters beginning in the Q1 2009

**CR 6399 - Implementation of Health Care Claim Status Inquiry and Response (276/277) Version 005010 - DME Shared Systems**

▲ SDI will implement changes to support 5010 requirements over a period of several quarters beginning in the Q1 2009

**CR6492 - July 2009 Update to the Hospital OPPS**

▲ Added the following HCPCS codes (effective 7/1/2009):

- **0199T** - PHYSIOLOGIC TREMOR RECORD
- **0200T** - PERQ SACRAL AUGMT UNILAT INJ
- **0201T** - PERQ SACRAL AUGMT BILAT INJ
- **0202T** - POST VERT ARTHRPLST 1 LUMBAR

▲ Numerous other new HCPCS codes mentioned in this change request have already been added to the product in a previous release.

**CR6484 - July Update to the 2009 Medicare Physician Fee Schedule Database (MPFFSD)**

▲ Terminated HCPCS Modifier "**21** - PROLONGED E&M SERVICES" effective 12/31/2008

**July 2009 HCPCS Update (Source: CMS Website)**

▲ Added the following HCPCS codes (effective 7/1/2009):

- **C9250** - ARTISS FIBRIN SEALANT
- **C9251** - INJ, C1 ESTERASE INHIBITOR
- **C9252** - INJECTION, PLERIXAFOR
- **C9253** - INJECTION, TEMOZOLOMIDE
- **C9360** - SURGIMEND, NEONATAL

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- C9361 - NEUROMEND NERVE WRAP
- C9362 - IMPLNT,BON VOID FILLER-STRIP
- C9363 - INTEGRA MESHED BIL WOUND MAT
- C9364 - PORCINE IMPLANT, PERMACOL
- ♣ Modified the descriptions for the following HCPCS codes:
- C9358 - SURGIMEND, FETAL
- C9359 - IMPLNT,BON VOID FILLER-PUTTY

## 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.

### Claim Status Category Code and Claim Status Code Reference File Update – Source: WPC Published Code Set

♣ 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.

### Remittance Advice Remark Code Reference File Update – Source: WPC Published Code Set

♣ 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.

### C-Codes, April 2009 HCPCS Update (Source: CMS Website)

- ♣ Added a new HCPCS code effective 4/1/2009:
- C9249 - INJ, CERTOLIZUMAB PEGOL

### UB-04: Version 3.00 Clarification/Errata/Updates (dated 2/18/2009)

- ♣ Changed the description for Condition Code 42 to read "Continuing Care Not Related To Inpatient Hospitalization"

## GENERAL PRODUCT ENHANCEMENTS

### Institutional ANSI-835 Remittance Reports – 4<sup>th</sup> Modifier

- ♣ Modified the institutional ANSI-835 remittance reports "Single Claim Report" and "All Claims Report With Line Detail" to print the fourth HCPCS modifier, when present.

## CORRECTIONS TO CUSTOMER REPORTED PROBLEMS

### Modification to the Patient List Report

- ♣ Modified the Patient List report to properly display the primary Payer ID value. The value displayed in the report will now be determined in the following sequence: (a) The Payer ID value specified in the filter criteria, if any; (b) the institutional primary Payer ID, if specified on the patient record, or (c) the professional primary Payer ID value on the patient record.

### ANSI-997 Report Utility Modification

- ♣ Modified the ANSI-997 Report Utility to add support for repeating CTX01 elements (10 maximum) in the new ANSI-999 (5010) file 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.