

PC-ACE PRO32

Release Newsletter

Version 2.15

October 2009

Institutional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 2.15. This upgrade contains several CMS Medicare Mandates and product enhancements effective 10/1/2009, including these highlighted changes:

◆ **Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) - ICD-9 Annual Update – 313 new diagnosis codes; 41 new procedure codes**

ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 2.15 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

CMS MEDICARE MANDATES

CR 6338 – Change Type of Bill (TOB) for FQHCs from 73x to 77x

- ◆ Added the new 77x bill type to the TOB reference file (LOB = MCA, Outpatient)
- ◆ Added assignment records for MCA/7x to the C/O/S/V and Revenue Code reference files. Used the existing MCA/73x assignment records as a basis for these changes
- ◆ Added a fatal Institutional claim edit prohibiting the use of TOB 77x on Medicare claims with Service From dates prior to 4/1/2010
- ◆ Added a fatal Institutional claim edit prohibiting the use of TOB 73x on Medicare claims with Service From dates on or after 4/1/2010
- ◆ Modified numerous Institutional claim edits, which reference TOB 73x to allow TOB 77x as well.

CR 6520 – Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

- ◆ Integrated the annual ICD-9 diagnosis/procedure code file from CMS into the October 2009 release. This update includes 313 new diagnosis codes, 41 new procedure codes, 68 modified diagnosis codes, and 14 modified procedure codes.

CR 6476 – Implementation of HIPAA Version 005010 837 Institutional (837i) Edits

- ◆ Implemented version 5010 Institutional claim and reference file edits where appropriate.

CR6440 - 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
- ◆ Added an Institutional claim edit which requires visit revenue codes 042x, 043x, 044x, 055x, 056x and 057x on Hospice claims (TOB = 81x/82x) to be billed with the associated HCPCS

G-code G0151, G0152, G0153, G0154, G0155 and G0156, respectively. This edit is effective for service dates on or after 1/1/2010, and is bypassed when the claim also contains Revenue Codes 0655 or 0656

- ◆ Added an institutional claim edit which requires Revenue Code 0569 to always be billed with HCPCS code G0155 on Hospice claims (TOB = 81x/82x), effective for service dates on or after 1/1/2010

ADDITIONAL CMS MANDATED CHANGES

CR 6525 – 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: 0; Codes Deleted/Terminated: 0; Codes Modified: 2. The new codes are: "697 - Invalid Decimal Precision", "698 - Form Type Identification", "699 - Question/Response from Supporting Documentation Form", "700 - ICD10" and "701 - Initial Treatment Date". The modified codes are: 486 and 508.

CR 6431 – Billing Routine Cost of Clinical Trials

- ◆ Modified an institutional claim edit added in the July 2009 release per Transmittal 1721 such that the effective date is changed to claims processed on or after September 28, 2009

CR 6034 – Implementation of New Version 835 Transaction

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

CR 6561 – IOM Chapter 25, Revenue Code 076x Description Change

- ◆ Modified the description of Revenue Code 0760 to "SPECIALTY SERVICES"; modified the description of Revenue Code 0769 to "OTHER SPECIALTY SERVICES"; modified the description of Revenue Code 0762 to "OBSERVATION HOURS"

CR 6512 – Revised Processing of Osteoporosis Drugs under the Home Health Benefit

- ◆ Added a new Institutional edit prohibiting the use of HCPCS codes J0630, J3110, or J3490 except for TOB 34x

CR 6480 – July 2009 I/OCE Specifications Version 10.2

Made the following changes to recently added HCPCS modifiers:

- ◆ Changed the effective date on modifiers "PA - SURGERY, WRONG BODY PART", "PB - SURGERY, WRONG PATIENT", and "PC - WRONG SURGERY ON PATIENT" from 7/1/2009 to 1/1/2009

- ◆ Changed the effective date on modifiers "PI - PET TUMOR INIT TX STRAT" and "PS - PET TUMOR SUBSQ TX STRATEGY" from 7/1/2009 to 4/1/2009

- ◆ Deleted the "K8" modifier

CR6626 - October 2009 Update of the Hospital Outpatient PPS

♣ Added new HCPCS codes effective 9/1/2009:

- **G9141** - INFLUENZA A (H1N1) IMZ ADMIN
- **G9142** - INFLUENZA A (H1N1) VACCINE

Other HCPCS Codes – October 2009 (Source: CMS Website)

♣ Added the following HCPCS codes (effective 10/1/2009):

- **Q2024** - BEVACIZUMAB INJECTION
 - **S3713** - KRAS MUTATION ANALYSIS
- ♣ Terminated HCPCS code, S0162, effective 9/30/2009

MODIFICATIONS IN SUPPORT OF ANTI (HIPAA) IG COMPLIANCE

Category I Code Update – Vaccine (Source: AMA Website)

♣ Added new HCPCS code, effective 1/1/2010:

- **90644** - HIB/MEN/TT VACCINE, IM

Category II Code Update (Source: AMA Website)

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

- **0545F** - FOLLOWUP CARE PLAN MDD DOCD
- **2060F** - PT TALK EVAL HLTHWKR RE MDD
- **3008F** - BODY MASS INDEX DOCD
- **3015F** - CERV CANCER SCREEN DOCD
- **3293F** - ABO RH BLOOD TYPING DOCD
- **3294F** - GRP B STREP SCREENING DOCD
- **4004F** - PT TOBACCO USE DONE RCVD TLK
- **4063F** - ANTIDEPRES RXTHXPY NOT RXD

Category III Code Update (Source: AMA Website)

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

- **0203T** - UNATTEND SLEEP STUDY W/TIME
- **0204T** - UNATTENDED SLEEP STUDY
- **0205T** - INIRS EACH VESSEL ADD-ON
- **0206T** - REMOTE ALGORITHM ANALYS ECG
- **0207T** - CLEAR EYELID GLAND W/HEAT
- **0208T** - AUTOMATED AUDIOMETRY AIR
- **0209T** - AUTO AUDIOMETRY AIR/BONE
- **0210T** - AUTO AUDIOMETRY SP THRESH
- **0211T** - AUTO AUDIOMETRY SP RECOG
- **0212T** - COMPREHEN AUTO AUDIOMETRY
- **0213T** - US FACET JT INJ CERV/T 1 LEV
- **0214T** - US FACET NJ INJ CERV/T 2 LEV
- **0215T** - US FACET JT INJ CERV/T 3 LEV
- **0216T** - US FACET JT INJ LS 1 LEVEL
- **0217T** - US FACET NJ INJ LS 2 LEVEL
- **0218T** - US FACET JT INJ LS 3 LEVEL
- **0219T** - FUSE SPINE FACET JT CERV
- **0220T** - FUSE SPINE FACET JT THOR
- **0221T** - FUSE SPINE FACET JT LUMBAR
- **0222T** - FUSE SPINE FACET JT ADD SEG

Claim Status Response Codes Reference File Update

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Codes Added: 0; Codes Deleted/Terminated: 0; Codes Modified: 6. The modified codes are: 694, 697, 698, 699, 700 and 701.

Claim Adjustment Reason Code Reference File Update

♣ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 0; Codes Deleted/Terminated: 0; Codes Modified: 1. The modified code is: 231.

Remittance Remarks Codes Reference File Update

♣ Updated the Remittance Remarks Codes reference file with the latest WPC published code set. Codes Added: 2; Codes Deleted/Terminated: 0; Codes Modified: 0. The new codes are: "519 - Invalid combination of HCPCS modifiers." and "520 - Alert: Payment made from a Consumer Spending Account."

Provider Taxonomy Code Reference File Update

♣ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. Codes Added: 4; Codes Deleted/Terminated: 0; Codes Modified: 4. The new codes are: "74H00000X - Other Service Providers: Health Educator", "2080C0008X - Allopathic & Osteopathic Physicians: Pediatrics: Child Abuse Pediatrics", "374J00000X - Nursing Service Related Providers: Doula" and "374K00000X - Nursing Service Related Providers: Religious Nonmedical Practitioner". The modified codes are: 111NX0100X, 287300000X, 317400000X and 374T00000X.

CORRECTIONS TO CUSTOMER REPORTED PROBLEMS

Bypass Effective/Terminate Date Edit for Special Ambulance Modifiers

♣ Modified several Institutional claim edits, which enforce HCPCS Modifier effective and termination dates such that they are bypassed when an Ambulance HCPCS code is present on the service line. This change is necessary to prevent these edits from triggering inappropriately on the special Ambulance origin/destination modifiers. The list of Ambulance related HCPCS codes which trigger this edit bypass are as follows: A0xxx, Q3019, Q3020, S0208, S0215, T2001, T2002, T2003, T2004, T2005, and T2007.

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.