

PC-ACE Pro32

Release Newsletter

Version 2.18

January 2010

Professional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 2.18. This upgrade contains several CMS Medicare Mandates and product enhancements effective 1/1/2010, including these highlighted changes:

- ◆ **HCPCS Annual Update Reminder** – Replaced the HCPCS file with the annual 2010 update applicable to claims with service dates on or after January 1, 2010.

ENCLOSED MATERIALS

- ◆ Pre-built PC-ACE Pro32 2.18 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- ◆ This Newsletter

CMS MEDICARE MANDATES

CR 6620 – 2010 HCPCS Annual Update Reminder

- ▲ Replaced the HCPCS file with the annual 2010 update for claims processed on or after January 1, 2010. HCPCS Changes: 465 deleted; 332 added; 378 modified. Modifier Changes: 3 deleted; 12 added; 1 modified.

ADDITIONAL CMS MANDATED CHANGES

CR6589 - Implementation of HIPAA Version 5010 for Transaction 835 - Health Care Claim Payment/Advice and Updated Standard Paper Remit (SPR)

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

CR 6632 – FDG PET for Solid Tumors and Myeloma

- ▲ Added a professional claim edit requiring that PET Modifier 'PI' or 'PS' be present with PET/PET/CT CPT code (78608, 78811, 78812, 78813, 78814, 78815, 78816) on claims with service dates on or after 4/3/2009

CR6676 - Implementation of the Updated HIPAA 005010 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.

CR 6575 – Version 005010 Inbound 837 Institutional (837I) and Inbound 837 Professional (837P) Flat Files Implementation

- ▲ Implemented version 5010 professional claim and reference file edits where appropriate

CR 6563 – Billing for Services Related to Voluntary Uses of Advanced Beneficiary Notices of Noncoverage (ABNs)

- ▲ Added new modifier, GX - NOTICE OF LIABILITY, VOLNTRY

- ▲ Modified the description of "GA" from "WAIVER OF LIABILITY ON FILE" to "WAIVER OF LIABILITY ISSUED".

CR6685 – New Waived Tests

- ▲ Modified the Professional Claim Attachment Trigger Control File to remove the CLIA attachment entry for HCPCS code 84157.

MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE

ANSI-276/277 Health Care Claim Status Request and Response Enhancement (if applicable)

- ▲ Enhanced PC-ACE Pro32 to support changes mandated by the new ANSI-276/277 Health Care Claim Status Request and Response Implementation Guide (ASC X12N/005010X212) and Dental ANSI-277CA Health Care Claim Acknowledgment Implementation Guide (ASC X12N/005010X214). 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 design changes for 5010 were made with the goal of minimizing the impact on users during the transition period.

Category II Code Update (Source: AMA Website)

- ▲ Added new HCPCS codes, effective 1/1/2010:
 - 1200F - SEIZURE TYPE(S)+ FRQ DOCD
 - 1205F - EPI ETIOL SYND RVWD AND DOCD
 - 3038F - PULM FX W/IN 12 MON B/4 SURG
 - 3323F - CLIN NODE STNGG DOCDB/4 SURG
 - 3324F - MRI CT SCAN RD RVWD RQSTD
 - 3328F - PRFRMNC DOCD 2 WKS B/4 SURG
 - 3650F - EEG ORDERED RVWD REQSTD
 - 4255F - ANESTH>=60 MIN AS DOCD
 - 4256F - ANESTH < 60 MIN AS DOCD
 - 4330F - CNSLNG EPI SPEC SFTY ISSUES
 - 4340F - CNSLNG CHLD BRNG+ WOMEN EPI
 - 5200F - EVAL APPROX SURG THXPY EPI
 - 6070F - PT ASKED/CNSLD AED EFFECTS

H1N1 Information (Source: AMA Website)

- ▲ Added new HCPCS code "90470 - IMMUNE ADMIN INTRA, H1N1" (eff 9/29/2009)

- ▲ Modified the description for HCPCS code 90663 to read, "FLU VACC PANDEMIC, H1N1", which reflects the H1N1 specification

- ▲ Modified an existing Professional claim edit which enforces the non-zero service line charges requirements such that it is bypassed for HCPCS codes "90663" and "G9142", which are H1N1 influenza vaccine codes.

H1N1 Support Added to Professional Roster Billing

♣ Modified the Professional Roster Billing Module to add support for the AMA defined H1N1 vaccine/admin CPT codes. Added the vaccine CPT code "90663 - FLU VACC PANDEMIC H1N1 (CPT)" entry to the influenza vaccine code dropdown selection list. Modified the claim generation code to use the administration code "90470 - IMMUNE ADMIN H1N1 IM/NASAL" when generating claims for this CPT vaccine code. Modified the vaccine code validation edits to permit the new 90663 vaccine code.

Claim Status Response Codes Reference File Update

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Codes Added: 1 ; Codes Deleted/Terminated: 2 ; Codes Modified: 9. The new code is: "702 - Repriced Claim Reference Number". The terminated codes are: 482 and 641. The modified status codes are: 127, 195, 402, 448, 510, 511, 512, and 516. The modified category code is: D0.

Claim Adjustment Reason Code Reference File Update

♣ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 1 ; Codes Modified: 44. The new codes are: "232 - Institutional Transfer Amount. Note - Applies to institutional claims only and explains the DRG amount difference when the patient care crosses multiple institutions." and "D23 - This dual eligible patient is covered by Medicare Part D per Medicare Retro-Eligibility. 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 terminated code is: 87. The modified codes are: 4, 5, 6, 7, 8, 9, 10, 11, 12, 16, 40, 49, 50, 51, 54, 55, 56, 58, 59, 61, 96, 97, 107, 108, 125, 148, 152, 167, 170, 171, 172, 179, 183, 184, 185, 187, 222, 226, 227, 231, A1, B7, B8 and B15.

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: 5. The new codes are: "N521 - Mismatch between the submitted provider information and the provider information stored in our system." and "N522 - Duplicate of a claim processed as a crossover claim." The modified codes are: M39, M118, N59, N130 and N202.

Provider Taxonomy Code Reference File Update

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

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.