

# PC-ACE Pro32

Release Newsletter

Version 2.26  
Professional Change Summary

January 2011

We are pleased to announce the release of PC-ACE Pro32 version 2.26. This upgrade contains several CMS Medicare Mandates and product enhancements effective 1/1/2011, including these highlighted changes:

◆ **2011 HCPCS Annual Update Reminder** – Updated HCPCS file: 363 added; 236 deleted, and 565 modified.

◆ **Support of the Version 5010 Errata (June 2010) of the ANSI Transactions: 837, 835 and 999 for In-House and Selected Provider Testing** - PC-ACE Pro32 has been enhanced to support in-house distributor and selected provider testing of the upcoming version 005010 errata (June 2010) transactions. A complete list of product changes will be made available to distributors in a separate document to facilitate Version 5010 errata testing activities.

◆ **Support of the Version 5010 (April 2008) and Version 5010 Errata (June 2010) of the ANSI-270/271 Eligibility Benefit Inquiry and Response Transactions for In-House and Selected Provider Testing** - PC-ACE Pro32 has been enhanced to support in-house distributor and selected provider testing of the upcoming Versions 005010 and 005010A1 of the ANSI-270/271 Eligibility Benefit Inquiry and Response transactions. A complete list of product changes will be made available to distributors in a separate document to facilitate Version 5010 testing activities.

## ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.26 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This Newsletter

## CMS MEDICARE MANDATES

### CR7227 – 2011 HCPCS Annual Update Reminder

▲ Replaced the HCPCS file with the annual 2011 update for claims processed on or after January 1, 2011. HCPCS Changes: 236 deleted; 363 added; 565 modified. Modifier Changes: 0 deleted; 8 added; 2 modified.

## ADDITIONAL CMS MANDATED CHANGES

### CR7158 - Claim Status Category and Claim Status Codes Update

▲ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Category Codes Added: 0 ; Status Codes Added: 10; Codes Deleted/Terminated: 0 ; Status Codes Modified: 121. The new status codes are: "743 - Entity's credential/enrollment information. **Note:** This code requires use of an Entity Code.", "744 - Services/charges related to the treatment of a hospital-acquired condition or preventable

medical error.", "745 - Identifier Qualifier Note: At least one other status code is required to identify the specific identifier qualifier in error.", "746 - Duplicate Submission Note: use only at the information receiver level in the Health Care Claim Acknowledgement transaction.", "747 - Hospice Employee Indicator", "748 - Corrected Data Note: Requires a second status code to identify the corrected data.", "749 - Date of Injury/Illness", "750 - Invalid Auto Accident State or Province Code", "751 - Invalid Ambulance Pick-up State or Province Code" and "752 - Invalid Ambulance Drop-off State or Province Code". The modified status codes are: 16 - 19, 23 - 26, 59, 60, 73, 85, 88 - 94, 96, 97, 106, 109, 114, 123 - 150, 153, 155, 157 - 168, 170 , 173 - 176, 182, 183, 220, 279, 288, 294, 318, 321, 322, 358 - 360, 363, 380, 383, 386, 387, 395, 414, 431, 466, 467, 470, 478, 480, 487, 491, 496, 499 - 506, 514, 560 - 563, 589, 633, 635, 663, 676, 677, 680, 689 and 695.

### CR7159 - 2011 Annual Update of HCPCS Codes for Skilled Nursing Facility (SNF) CB Update

▲ Implemented HCPCS code changes per the SNF/CB annual HCPCS code update (when available)

### CR7133- Counseling to Prevent Tobacco Use

▲ Added new HCPCS codes effective 1/1/2011:

- **G0436** - TOBACCO-USE COUNSEL 3-10 MIN
- **G0437** - TOBACCO-USE COUNSEL >10 MIN

▲ Modified the existing temporary HCPCS codes C9801 and C9802 to add a 12/31/2010 termination date

### CR7185 – Annual Type of Service (TOS) Update

▲ New Codes added with the annual HCPCS update (January 2011 QR)

### CR7181 - January 2011 Quarterly Update for DEMPOS Competitive Bidding Program

▲ Added new codes with the Annual HCPCS update, effective 1/1/2011

- **E2622** - ADJ SKIN PRO W/C CUS WD<22IN
- **E2623** - ADJ SKIN PRO WC CUS WD>=22IN
- **E2624** - ADJ SKIN PRO/POS CUS<22IN
- **E2625** - ADJ SKIN PRO/POS WC CUS>=22

▲ Terminated the following codes effective 1/1/2011 with the Annual HCPCS update: K0734, K0735, K0736, K0737

### CR7234 - New HCPCS Q-Codes for 2010-2011 Seasonal Influenza Vaccines

▲ Added new influenza Vaccine HCPCS codes effective 10/1/2010:

- **Q2035** - Afluria vacc, 3 yrs & >, im
- **Q2036** - Flulaval vacc, 3 yrs & >, im
- **Q2037** - Fluvirin vacc, 3 yrs & >, im
- **Q2038** - Fluzone vacc, 3 yrs & >, im
- **Q2039** - NOS flu vacc, 3 yrs & >, im

▲ Added a professional claim edit which prohibits transmission of these new Vaccine codes prior to 1/1/2011

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♣ Modified existing Professional claim edits as needed to support the new vaccine HCPCS codes.

♣ Added a professional claim edit which terminates Vaccine HCPCS code 90658 for Medicare claims effective 1/1/2011.

♣ Modified the Professional Roster Billing Module to add the new Vaccine codes to the lookup list and validation edits, enforcing the respective effective/terminate dates (allows vaccine code 90658 after 1/1/2011 for non-Medicare rosters only).

#### **CR7248 - CY 2011 Fee Schedule Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule**

♣ Codes added with the HCPCS file annual update, see CR 6991

#### **CR7065 - Fractional Mileage Units Submitted on Ambulance Claims**

♣ Modified the professional claim edits to support an optional tenths decimal place on the Ambulance attachment's "Miles" field. The optional tenths position can be reported only for mileage values less than 100 miles. This field will now accept both integer values (e.g., "1", "23", "345") and decimal values to the tenths place (e.g., ".8", "0.3", "2.3", "99.9").

♣ Modified the Professional ANSI-837 Translator to accommodate this format change

#### **CR7087 - National Modifier and Condition Code to Identify Items or Services Related to the 2010 Oil Spill in the Gulf of Mexico**

♣ Added a new HCPCS modifier "CS - GULF OIL SPILL 2010 RELATED" for use in billing claims related to the Gulf oil spill of 2010. The new code is effective for service dates on or after 4/20/2010

#### **Claim Adjustment Reason Codes Update (Source: WPC)**

♣ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 1 ; Codes Deleted/Terminated: 0 ; Codes Modified: 6. The new code is: "W2 - Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies, use only if no other code is applicable.". The modified codes are: 191, 214, 218, 219, 221 and W1.

#### **Remittance Advice Remark Codes Update (Source: WPC)**

♣ Updated the Remittance Remarks Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 2. The new codes are: "N540 - Payment adjusted based on the interrupted stay policy. Payment adjusted based on the interrupted stay policy." and "N541 - Mismatch between the submitted insurance type code and the information stored in our system. Mismatch between the submitted insurance type code and the information stored in our system." The modified codes are: M25 and N291.

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

### **Added Support for Version 5010 Errata (June 2010) ANSI Transactions for In-house - 837, 835, and 999**

♣ Support for Version 5010 Errata (June 2010) ANSI Transactions Enhanced PC-ACE Pro32 to support changes mandated by the June 2010 errata of the Institutional ANSI-837Health Care Claim Implementation Guide (ASC X12N/005010X223A2), the ANSI-835 Health Care Claim Payment/Advice Implementation Guide (ASC X12N/005010X221A1) and the ANSI-999 Implementation

Acknowledgment Implementation Guide (ASC X12N/005010X231A1). 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, and should experience no impact from these errata changes.

### **Support for Version 5010 (August 2008) and Version 5010 Errata (June 2010) ANSI-270/271 Transactions**

Enhanced PC-ACE Pro32 to support changes mandated by the Version 5010 (August 2008) and subsequent errata (June 2010) of the Health Care Eligibility Benefit Inquiry and Response Implementation Guide (ASC X12N / 005010X279 / 005010X279A1). 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 ANSI Version (270) field on the Submitter record has been widened to accept complete version and addenda specifications. The currently valid ANSI versions are "004010A1", "005010" and "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).

♣ Several new fields have been added to the Eligibility Benefit Request 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 create inquiries. New fields include:

- Subscriber Organization Name
- Subscriber Entity Qualifier
- Diagnosis Codes (1-8)
- Diagnosis Pointer {inquiry line}
- Spend Down Total Billed Amount {inquiry line}

♣ New codes have been added, and existing codes deleted, from numerous indicator and qualifier type fields on the Eligibility Benefit Request Form. 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 (270) setting established in the Submitter reference file. This prevents users from inadvertently selecting 5010-only codes on a request to be prepared in 4010A1 format.

### **ANSI-835 Remittance Processors (ETRA) Version 5010 Errata (June 2010)**

♣ Enhanced the ANSI-835 Remittance Processors (ETRA) to add support for the version 5010 errata (June 2010). Providers should experience no impact to current 4010A1 processing from these 5010 errata changes.

### **ANSI-999 Report Utility Version 5010 Errata (June 2010)**

♣ Enhanced the ANSI-999 Report Utility to add support for the version 005010 errata (June 2010). Providers should experience no impact to current 4010A1 processing from these 5010 errata changes.

### **SE1029 - 5010 Requirement for Ambulance Suppliers**

♣ Modified an existing professional claim edit which enforces the requirement that all claims with the exception of Ambulance provider (Specialty = 059) claims must report a primary

diagnosis code such that this Ambulance exception now applies only to claims prepared in the 4010A1 format. All claims, including Ambulance claims, to be prepared in the 5010 format must now report a primary diagnosis code (effective 1/1/2011).

**Attachment Trigger Control File Updated**

♣ Modified the Professional Claim Attachment Trigger Control File to delete CLIA attachment entry for expired HCPCS codes 0026T, 0041T, Q3019 and Q3020

**GENERAL PRODUCT ENHANCEMENTS**

**Modification of Professional Roster Billing Module**

Made several modifications to add existing influenza vaccine code "90662 - FLU VACC PRSV FREE INC ANTIG" to the professional roster billing module. It has come to our attention that this vaccine code is allowed for roster billing. Specific changes include:

- ♣ Modified the Professional Roster Billing Module to add the new Vaccine code to the lookup list and validation edits
- ♣ Modified existing Professional claim edits as needed to support the new vaccine HCPCS code

**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.