

PC-ACE Pro32

Release Newsletter

Version 2.29

July 2011

Institutional Change Summary

We are pleased to announce the release of PC-ACE Pro32 version 2.29. This upgrade contains several CMS Medicare Mandates and product enhancements effective 7/1/2011, including these highlighted changes:

- ◆ **Support for Version 5010 Errata (June 2010) ANSI Transactions** – Reminder that PC-ACE Pro32 was enhanced in the January 2011 release to support the version 005010 errata (June 2010) transactions (837, 835, 999)

ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.29 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This Newsletter

CMS MEDICARE MANDATES

CR7348 - 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: 1 ; Status Codes Added: 9; Status Codes Deleted/Terminated: 0 ; Status Codes Modified: 61. The new category code is: "E4 - Trading partner agreement specific requirement not met: Data correction required. (Note: A status code identifying the type of information requested must be sent)". The new status codes are: "753 - Co-pay status code.", "754 - Entity Name Suffix. Note: This code requires the use of an Entity Code.", "755 - Entity's primary identifier. Note: This code requires the use of an Entity Code.", "756 - Entity's Received Date. Note: This code requires the use of an Entity Code.", "757 - Last seen date.", "758 - Repriced approved HCPCS code.", "759 - Round trip purpose description.", "760 - Tooth status code." and "761 - Entity's referral number. Note: This code requires the use of an Entity Code." The modified status codes are: 48, 252, 254, 278, 280, 285, 289, 304, 305, 317, 355 - 357, 361, 362, 367 - 373, 376 - 379, 381, 392, 393, 399, 404, 405, 410 - 413, 415, 416, 418, 421, 422, 424 - 427, 429, 436 - 440, 444 - 447, 466, 509, 514 and 750 - 752.

CR7409 - Flat File Update for Institutional Claim Transaction 837I, Professional Claim Transaction 837P, and Claim Payment/Advice Transaction 835

- ▲ Modified the ANSI-835 Remittance Modules (ETRA) to support an expanded S9(7)V999 format for all Adjustment Quantity (CAS04/CAS07/CAS10/CAS13/CAS16/CAS19) elements
- ▲ Modified the impacted ANSI-835 reports to accommodate this change

ADDITIONAL CMS MANDATED CHANGES

Category II Code Update (Source: AMA website)

- ▲ Added new HCPCS codes (effective 7/1/2011):
- **0550F** - CYTOPATH REPORT-NONGYN SPCMN
- **0551F** - CYTOPATH REPORT NON-ROUTINE
- **3125F** - ESOPH BX RPRT W/DYSPL INFO
- **3267F** - PATH RPRT W/PT PN CAT ET AL
- **3394F** - QUANT HER2 IHC EVAL BRST CX"
- **3395F** - QUANT HER2 IHC EVAL BRST CX
- **6100F** - VERIFY PT SITE PXD DOCD

HCPCS Update – Other Codes (Source: CMS website)

- ▲ Added new HCPCS codes (effective 7/1/2011):
- **K0741** - PORTABLE GASEOUS OXYGEN SYS
- **K0742** - PORTABLE GASEOUS OXYGEN
- **K0743** - PORTABLE HOME SUCTION PUMP
- **K0744** - ABSORP DRG <= 16 SUC PUMP
- **K0745** - ABSORP DRG >16 <=48 SUC PUMP
- **K0746** - ABSORP DRG >48 SUC PUMP
- **Q2041** - WILATE INJECTION (eff 7/1/2011)
- **Q2042** - HYDROXYPROGESTERONE CAPROATE
- **Q2043** - SIPULEUCEL-T AUTO CD54+
- **Q2044** - BELIMUMAB INJECTION
- ▲ Modified HCPCS code "J7184 - WILATE INJECTION" to change the effective date from 1/1/2011 to 7/1/2011
- ▲ Terminated HCPCS codes "S3628 - PAMG-1 RAPID ASSAY FOR ROM" and "S9075 - SMOKING CESSATION TREATMENT" effective 7/1/2011

Claim Adjustment Reason Codes Reference File Update

- ▲ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 1 ; Codes Deleted/Terminated: 0 ; Codes Modified: 1. The new code is: "236 - This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative." The modified code is: 129.

Remittance Advice Remark 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: 9. The new codes are: "N542 - Missing income verification." and "N543 - Incomplete/invalid income verification.". The modified codes are: M37, M116, N62, N356, N383, N410, N428, N429 and N431.

July 2011 C-Codes HCPCS Update (Source – CMS Website)

- ▲ Added the following HCPCS codes effective 7/1/2011:
- **C9283** - INJECTION, ACETAMINOPHEN
- **C9284** - INJECTION, IPILIMUMAB
- **C9285** - PATCH, LIDOCAINE/TETRACAINE
- **C9365** - OASIS ULTRA TRI-LAYER MATRIX

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- C9406 - DX I-123 IOFLUPANE, PER DOS
- C9730 - BRONCHIAL THERMO, 1 LOBE
- C9731 - BRONCHIAL THERMO, >1 LOBE
- ♣ Terminated the following HCPCS Codes effective 7/1/2011:
 - C9273 - SIPULEUCEL-T, PER INFUSION
 - C9729 - PERCUT LUMBAR LAMI

MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE

Support for Version 5010 Errata (June 2010) ANSI Transactions

♣ Reminder that PC-ACE Pro32 was enhanced in the January 2011 release to comply with changes mandated by the June 2010 errata of the Institutional ANSI-837 Health 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). Providers will receive communication from their software distributor concerning version 5010 testing and production schedules.

Implementation of "Do Not Send" Instructions for ANSI-837 Transaction, version 5010A2

Modified the institutional claim edits and claim prepare suppression logic to implement a more strict interpretation of the ANSI version 5010 implementation guide's "do not send" instructions. The changes include:

- ♣ **Billing Provider Contact (PER/2010AA)** -- Added logic to suppress this segment when the information duplicates that in the Submitter Contact (PER/1000A) segment
- ♣ **Subscriber Address (N3/2010BA)** -- Added logic to suppress this segment when patient and subscriber are not the same person
- ♣ **Subscriber City, State, ZIP Code (N4/2010BA)** -- Added logic to suppress this segment when patient and subscriber are not the same person
- ♣ **Subscriber Demographic Information (DMG/2010BA)** -- Added logic to suppress this segment when patient and subscriber are not the same person
- ♣ **Discharge Hour (DTP*096/2300)** -- The Discharge Hour is required on all final inpatient claims. A "final" inpatient claim is defined as one which has a TOB frequency (3rd position) value of "1" or "4". Added a fatal institutional claim edit requiring that the Discharge Hour field be empty for all other claims. This includes all outpatient claims as well as inpatient claims with TOB frequency values other than "1" or "4".
- ♣ **Admission Date/Hour (DTP*435/2300)** -- Per the implementation guide, this element is required on inpatient claims (and prohibited on all outpatient claims per the "do not send" note). However, the NUBC UB-04 manual states (for 5010), "Required on inpatient claims, home health claims and hospice claims." Added a fatal institutional claim edit requiring that the Admission Date/Hour fields be empty for all outpatient claims except for TOBs 32x, 33x, 81x and 82x.
- ♣ **Payer Claim Control Number (REF*F8/2300)** -- Added a fatal institutional claim edit allowing the Payer Claim Control Number (ICN/DCN) to be specified only on replacement (TOB freq = '7') or voided (TOB freq = '8') claims

♣ **Admitting Diagnosis (HI*BJ/2300)** -- Added a fatal institutional claim edit requiring the Admission Diagnosis code on all inpatient claims (eliminating previous exceptions for TOB = 14x, 4xx and 5xx claims). Added a fatal institutional claim edit prohibiting use of the Admission Diagnosis code on all outpatient claims

♣ **Patient's Reason For Visit (HI*PR/2300)** -- Added a fatal institutional claim edit requiring that the Patient's Reason For Visit code be specified on all outpatient claims (scheduled and unscheduled)

GENERAL PRODUCT ENHANCEMENTS

View Response Reports with Notepad Preference Setting

♣ Added the new "Use Windows Notepad instead of built-in previewer to view response reports" option to the "General" tab of the PC-ACE Pro32 preference settings. When enabled, the various response reports (ANSI-277CA and ANSI-997/999) will be viewed using Windows Notepad. When disabled, the built-in previewer will be used to view these response reports. This option is disabled by default.

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.