

PC-ACE Pro32

Release Newsletter

Version 2.30
Institutional Change Summary

July 2011

We are pleased to announce the release of PC-ACE Pro32 version 2.30. 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, 270/271)

ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.30 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

C-Codes HCPCS Update (Source – CMS Website)

- ▲ Added the following HCPCS codes effective 7/1/2011:
- **C9283** - INJECTION, ACETAMINOPHEN
- **C9284** - INJECTION, IPIILIMUMAB
- **C9285** - PATCH, LIDOCAINE/TETRACAINE
- **C9365** - OASIS ULTRA TRI-LAYER MATRIX
- **C9406** - DX I-123 IOFLUPANE, PER DOS
- **C9730** - BRONCHIAL THERMO, 1 LOBE
- **C9731** - BRONCHIAL THERMO, >1 LOBE
- ▲ Terminated the following HCPCS Codes effective 6/30/2011:
- **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

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errata of the Institutional ANSI-837 Health Care Claim Implementation Guide (ASC X12N/005010X223A2), the Professional ANSI-837 Health Care Claim Implementation Guide (ASC X12N/005010X222A1), the Dental ANSI-837 Health Care Claim Implementation Guide (ASC X12N/005010X224A2), the ANSI-835 Health Care Claim Payment/Advice Implementation Guide (ASC X12N/005010X221A1), the ANSI-999 Implementation Acknowledgment Implementation Guide (ASC X12N/005010X231A1) and the ANSI-270/271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide (ASC X12N/005010X279A1). 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)

Admission/Discharge Hour Modifications to Support Full Hour/Minutes

- ♣ Modified the Institutional Claim Form to support the full Hour/Minutes (HHMM) entry format for the Admission Hour (A-Hour) and Discharge Hour (D-Hour) fields (located on the Patient Info & Codes tab). These fields populate the "Admission Date/Hour" (DTP*435/2300) and "Discharge Hour" (DTP*096/2300) segments in the ANSI-837 output file, respectively. The claim form will accept both hour-only (HH) and hour/minute (HHMM) formats. Valid hour values are 00 thru 23. Valid minutes values are 00 thru 59. The minutes value will continue to default to "01" in the ANSI-837 output file when it is left unspecified on the claim form.

GENERAL PRODUCT ENHANCEMENTS

E-Mail Field Added to Submitter Information Screen

- ♣ Added an "E-Mail" field to "General" tab of the Submitter Information screen. Users are encouraged to enter the submitter contact's e-mail address in this field as an alternate means of communication. The e-mail address will be reported in the "Submitter EDI Contact Information" (PER/1000A) segment, when specified.

Advanced Filter Options Modified to Include Patient's First Name

- ♣ Enhanced the "Advanced Filter Options" feature of the claim and eligibility/benefit request lists to include the patient's First Name in the filter criteria. The "Patient Last Name" field on the Advanced Filter Criteria has been relabeled "Patient Last, First Name". Users may continue to enter only a full or partial Last Name value, or they may now enter patient name values in LAST, FIRST format. For example, by entering "DOE,JOHN" in both the "from" and "thru" fields, the respective list will be filtered to include only patients whose Last Name starts with "DOE" and First Name starts with "JOHN". The patient HENRIETTA DOE would not be included in the filtered list. This enhancement will make it easier to locate patients with common last names.

Report Previewer Modified to Handle Common Navigation Keys

- ♣ Modified the built-in report previewer to handle common navigation keys in a more intuitive manner. The up/down arrow keys will now scroll the current page vertically within the preview window. The page up/down keys will move page-by-page through a multi-page report. The HOME key will move immediately to the report's first page, while the END key will move immediately to the report's last page.

277CA Claim Acknowledgement Report Prompt Added to Include Only Rejected Claims

- ♣ Added the new "Prompt to include only rejected claims in the Claim Acknowledgment (277CA) reports" option to the "General" tab of the PC-ACE Pro32 preference settings. When enabled, the user will be prompted to include either all claims or only rejected claims when printing Claim Acknowledgment (ANSI-277CA) reports. When disabled, the prompt will not be displayed and all claims will be included in the response report. This option is enabled by default. Users can disable this option in the preference settings if desired. Note: This feature was a last-minute addition to the July 2011 release and may not be available in all distributor builds. If this preference option is

grayed in your copy of PC-ACE Pro32, then the feature will be available in the October 2011 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.