

PC-ACE PRO32

Release Newsletter

Version 2.33
Institutional Change Summary

January 2012

We are pleased to announce the release of PC-ACE Pro32 version 2.33. This upgrade contains several CMS Medicare Mandates and product enhancements effective 1/1/2012, including these highlighted changes:

- ◆ **2012 HCPCS Annual Update Reminder** – Updated HCPCS file: 615 added; 272 deleted, and 348 modified.
- ◆ **Update to Medicare Deductible, Coinsurance and Premium Rates for CY 2012** – Updated Institutional claim edits to support the new 2012 rates

ENCLOSED MATERIALS

- Pre-built PC-ACE Pro32 2.33 upgrade file named PCACEUP.EXE and replacement SETUP.EXE file for any new providers
- This Newsletter

CMS MEDICARE MANDATES

CR7540 - 2012 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder

▲ Replaced the HCPCS file with the annual 2012 update for claims processed on or after January 1, 2012. HCPCS Changes: 615 added; 272 deleted; 348 modified. Modifier Changes: 1 added; 3 deleted; 0 modified.

CR7567 – Update to Medicare Deductible, Coinsurance and Premium Rates for 2012

▲ Added three new Institutional claim edits to enforce the Medicare Deductible and Coinsurance amounts for Calendar Year 2012

CR7585 - Claim Status Category and Claim Status Codes Update

Claim Status Response Codes Reference File Update

▲ Updated the Claim Status Response Codes reference file with the latest WPC published code set. The code changes described in this change request have already been implemented in a previous release.

CR7530 - Healthcare Provider Taxonomy Codes (HPTC) Update October 2011

▲ Updated the Provider Taxonomy Code reference file with the latest WPC published code set. The code changes described in this change request have already been implemented in a previous release.

CR7466 - Medicare Remit Easy Print (MREP) and PC Print User Guide Update for Implementation of version 5010A1

▲ Implemented changes in the Institutional ANSI-835 Remittance Processor to reflect 5010-related changes made to the PC-PRINT product.

ADDITIONAL CMS MANDATED CHANGES

CR7515 – Health Insurance Portability and Accountability Act (HIPAA) 5010 837 Institutional (837I) Edits and 5010 837 Professional (837P) Edits - January 2012 Version

Implemented the following institutional claim and reference file edits to more completely reflect the version 5010 errata CMS companion guide

- ▲ Implemented a fatal institutional claim edit, which requires a non-zero Units value (SV205/2400) on all service lines
- ▲ Modified the Institutional Claim Import Module to force the service line Units value to "1" when the Units value is zero in the import file and the claim is likely to be prepared in ANSI Version 5010 format
- ▲ Implemented a fatal institutional claim edit prohibiting reporting of the Subscriber SSN (REF*SY/2010BA) on Medicare (MCA) claims
- ▲ Modified several institutional claim and reference file edits to prohibit all suggested P. O. Box variations when editing the Billing Provider ZIP code field. A few additional variations were mentioned in the CMS companion guide.
- ▲ Implemented a fatal institutional claim edit prohibiting reporting of Payer Secondary Identification (REF/2010BB) qualifiers "2U" (Payer Identification Number), "EI" (Employer's Identification Number), "FY" (Claim Office Number), or "NF" (NAIC Code) on Medicare (MCA) claims
- ▲ Added an institutional claim edit which prohibits reporting of all Service Facility secondary identification numbers (REF/2310E) on Medicare claims
- ▲ Added an institutional claim edit which prohibits reporting of all claim-level Referring Physician secondary identification numbers (REF/2310F) on Medicare claims
- ▲ Added several institutional claim edits which prohibit reporting of line-level Operating, Other Operating, Rendering and Referring Providers unless the associated claim-level providers are also being reported
- ▲ Added institutional claim edits prohibiting the use of Group Code "CR" (Corrections & Reversals) on version 5010 claims when the associated Adjudication Date is on or after 1/1/2012. This group code has been eliminated in the Health Care Claim Payment/Advice (ASC X12N/005010X221 ; Version 5010) implementation guide.
- CR7523 - Billing for Donor Post-Kidney Transplant Complication Services**
Made several institutional claim edit changes to accommodate Medicare billing of Patient Relationship To Insured code "39" (Organ Donor). The specific edit changes are:

♣ Modified an existing institutional claim edit to permit a Patient Relationship To Insured code of "39" (Organ Donor) on Medicare claims with service dates on or after 11/28/2011, and transmitted on or after 4/1/2012

♣ Added an institutional claim edit which requires Occurrence Code 36 when the Patient Relationship code 39 is present on the claim (effective 11/28/2011)

♣ Added institutional claim edits which require Occurrence Code 36 and Patient Relationship code 39 when HCPCS Modifier Q3 is present on the claim (effective 11/28/2011)

CR7556 - Discontinuation of Hospice Late Charge Claims

♣ Added an institutional claim edit prohibiting Hospice Late Charge claims (TOB = 815/825) with dates of service on or after 4/1/2012

CR7593 - Clarification and Revisions for Claims Submitted for End Stage Renal Disease (ESRD) Patients

Made several institutional claim edit changes to implement new End Stage Renal Disease (ESRD) claim billing rules. The specific changes are:

♣ Modified an existing institutional claim edit to bypass the requirement for reporting the Occurrence Code 51 when the Value Code D5 is reporting a value of 8.88 for dates of service on or after 1/1/2012

♣ Added an institutional claim edit which requires that all 72x type of bills with dates of service on or after 4/1/2012 report a value code 48 or 49. User is instructed to report a value of 99.99 if no reading is available

♣ Added an institutional claim edit which prohibits reporting an ESA (Q4081 or J0882) with a value of 99.99 in value code 48 or 49 (effective 4/1/2012)

CR7648 - 2012 Annual Update to the Therapy Code List

♣ Added a new HCPCS code, effective 1/1/2012:

- **92618** - EX FOR NONSPEECH DEV RX ADD

CR7633 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

♣ Added new HCPCS codes, effective 10/17/2011:

- **G0442** - ANNUAL ALCOHOL SCREEN 15 MIN
- **G0443** - BRIEF ALCOHOL MISUSE COUNSEL

CR7635 - CY 2012 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

♣ Added new HCPCS codes, effective 1/1/2012:

- **A5056** - 1 PC OST POUCH W FILTER
- **A5057** - 1 PC OST POU W BUILT-IN CONV
- **A9272** - DISPOSABLE MECH WOUND SUCT
- **E0988** - LEVER-ACTIVATED WHEEL DRIVE
- **E2358** - GR 34 NONSEALED LEADACID
- **E2359** - GR34 SEALED LEADACID BATTERY
- **E2626** - SEO MOBILE ARM SUP ATT TO WC
- **E2627** - ARM SUPP ATT TO WC RANCHO TY
- **E2628** - MOBILE ARM SUPPORTS RECLININ
- **E2629** - FRICTION DAMPENING ARM SUPP
- **E2630** - MONOSUSPENSION ARM/HAND SUPP
- **E2631** - ELEVAT PROXIMAL ARM SUPPORT
- **E2632** - OFFSET/LAT ROCKER ARM W/ELA
- **E2633** - MOBILE ARM SUPPORT SUPINATOR
- **L5312** - KNEE DISART, SACH FT, ENDO
- **L6715** - TERM DEVICE, MULTI ART DIGIT
- **L6880** - ELEC HAND IND ART DIGITS

Category II Code Update (Source: AMA website)

♣ Added new codes effective 1/1/2012:

- **0555F** - SYMPTOM MGMT PLAN CARE DOCD
- **0556F** - PLAN CARE LIPID CONTROL DOCD
- **0557F** - PLAN CAREMNG ANGLN SYMPTDOCD
- **1010F** - SEVERITY ANGINA BY ACTVTY
- **1011F** - ANGINA PRESENT
- **1012F** - ANGINA ABSENT
- **1031F** - SMOKING + 2ND HAND ASSESSED
- **1032F** - SMOKER/EXPOSED 2ND HND SMOKE
- **1033F** - TOBACCO NONSMOKER NOR 2NDHND
- **1052F** - TYPE LOCATION ACTIVITY ASSES
- **1175F** - FUNCTION STAT ASSESSED RVWD
- **1181F** - NEUROPSYCHIA SYMPTS ASSESSED
- **1182F** - NEURPSYCHI SYMPT 1+PRESENT
- **1183F** - NEUROPSYCHIATRIC SYMP ABSENT
- **1450F** - SYMPTOMS IMPROVED/CONSIST
- **1451F** - SYMPT SHOW CLIN IMPORT DROP
- **1460F** - QUAL CARD DIAG PRIOR 12 MONS
- **1461F** - NO QUAL CARD DIAG PRIOR12MON
- **1490F** - DEM SEVERITY CLASSIFIED MILD
- **1491F** - DEM SEVERITY CLASSIFIED MOD
- **1493F** - DEM SEVERITY CLASS SEVERE
- **1494F** - COGNIT ASSESSED AND REVIEWED
- **2015F** - ASTHMA IMPAIRMENT ASSESSED
- **2016F** - ASTHMA RISK ASSESSED
- **3019F** - LVEF ASSESS PLANPOST DSCHRG
- **3055F** - LVEF <= 35%
- **3056F** - LVEF GREATER THAN 35%
- **3115F** - QUANT RESULTS ACTIVITY +SYMP
- **3117F** - HF ASSESSMENT TOOL COMPLETED
- **3118F** - NY HEART ASSOC CLASS DOCD
- **3119F** - NO EVAL ACTIVITY CLIN SYMP
- **3517F** - HBV ASSESS&RESULTS INTRP 1YR
- **3520F** - CDIFFICILE TESTING PERFORMED
- **3725F** - SCREEN DEPRESSION PERFORMED
- **3750F** - PTNOTRCVNGSTEROID>=10MG/DAY
- **4008F** - BETA-BLOCKER THERAPY RXD/TKN
- **4010F** - ACE/ARB THERAPY RXD/TAKEN
- **4013F** - STATIN THERAPY/CURRENTLY TKN
- **4069F** - VTE PROPHYLAXIS RCVD
- **4086F** - ASPIRIN/CLOPIDOGREL RXD
- **4140F** - INHALED CORTICOSTEROIDS RXD
- **4142F** - CORTICOSTER SPARNG TXMNT RXD
- **4144F** - ALT LONG-TERM CNTRL MED RXD
- **4145F** - >=2 ANTI-HYPRTNSV AGENTS TKN
- **4322F** - CRGVR PROV W/ ED ADDL RSRCS
- **4350F** - CNSLNG PROVIDED SYMP MNGMNT
- **4450F** - CNSLNG PROVIDED SYMP MNGMNT
- **4470F** - ICD COUNSELING PROVIDED
- **4480F** - PT RCVNG ACE/ARB B-BLOCKERTX
- **4481F** - PT RCVNG ACE/ARB BLKER<3MONS
- **4500F** - REF TO OUTPT CARD REHAB PROG
- **4510F** - PREV CARDREHAB QUALCARDEVENT
- **4525F** - NEUROPSYCHIA INTERVEN ORDER
- **4526F** - NEUROPSYCHIA INTERVEN RCVD
- **5250F** - ASTHMA DISCHARGE PLAN PRESNT
- **6101F** - SAFETY COUNSELING PROVIDED
- **6102F** - SAFETY COUNSELING ORDERED

- **6110F** - COUNSEL PROV DRIVING RISKS
- **6150F** - PT NOTRCVNG 1ST ANTITNF

Claim Adjustment Reason Code Update (Source – WPC-EDI)

♣ Updated the Claim Adjustment Reason Codes reference file with the latest WPC published code set. Codes Added: 2 ; Codes Deleted/Terminated: 0 ; Codes Modified: 2. The new codes are: "238 - Claim spans eligible and ineligible periods of coverage, this is the reduction for the ineligible period (use Group Code PR)." and "239 - Claim spans eligible and ineligible periods of coverage. Rebill separate claims (use Group Code OA)." The modified codes are: 18 and 141.

Claim Status Response Codes Update (Source – WPC-EDI)

♣ Updated the Claim Status Response Codes reference file with the latest WPC published code set. Category Codes Added: 0 ; Status Codes Added: 0 ; Status Codes Deleted/Terminated: 0 ; Status Codes Modified: 8. The modified status codes are: 252, 254, 466, 509, 514, 750, 751 and 752.

MODIFICATIONS IN SUPPORT OF ANSI (HIPAA) IG COMPLIANCE**TDL-12015 – Addition of New Skilled Nursing Facility (SNF) Health Insurance Prospective Payment System (HIPPS) Codes to the Fiscal Intermediary Shared System (FISS), Dated 10/19/2011**

- ♣ Modified an institutional claim edit to allow the new HIPPS codes listed in this change request (effective 10/1/2011)
- ♣ Added a new institutional claim edit which prohibits the use of these new HIPPS codes prior to 10/1/2011

Updated Present On Admission (POA) Exemption Listing

♣ Updated the ICD-9 reference file to reflect the latest Present On Admission (POA) exemption listing published on the CMS web site

5010 Errata ANSI Versions Are Defaulted in Submitter Records

♣ Modified the Submitter Information screen such that new records default to the 5010 errata ANSI versions

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.